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HEALTH COMMISSION

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Barbara A. Garcia, MPA.
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AGENDA JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, January 10, 2012
3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner David J. Sanchez, Jr., Ph.D.

- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE DECEMBER 15, 2011 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of December 15, 2011*
- 3) FOR DISCUSSION AND POSSIBLE ACTION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGH)
(Susan A. Currin, Chief Executive Officer)
**Report*
- 4) FOR DISCUSSION AND POSSIBLE ACTION: PATIENT CARE SERVICES REPORT
(Sharon McCole Wicher, Chief Nursing Officer)
**Report*
- 5) FOR DISCUSSION AND POSSIBLE ACTION: MEDICAL STAFF REPORT
(Shannon Thynne, M.D., Chief of Staff)
**Report*

- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL FEBRUARY 2010 REPORT**
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Report*

- 7) **PUBLIC COMMENT****

- 8) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 15, 2011**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Shannon Thynne, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
Iman Nazeeri-Simmons, Chief Quality Officer

- D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

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Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sof@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, January 10, 2012, 3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

1) CALL TO ORDER

Present: Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner David J. Sanchez, Jr., Ph.D.

Excused: Commissioner Edward A. Chow, M.D., Chair

Staff: Sue Currin, Sue Carlisle, Sharon Nazeeri-Simmons, Roland Pickens, Troy Williams,
Valerie Inouye, Shemineh Jaf?, Dave Woods, Kathy Jung, Anson Moon, Kathy
Murphy, Todd May, Shannon Thyne

The meeting was called to order at 4:07pm.

2) APPROVAL OF THE MINUTES OF THE DECEMBER 15, 2011 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the December 15, 2011 meeting were unanimously approved.

3) HOSPITAL ADMINISTRATOR'S REPORT

1. SFGH Annual Children's Winter Wonderland Holiday Party

The San Francisco General Hospital annual Children's Winter Wonderland Holiday Party was held on December 15, between 2:00 p.m. – 5:00 p.m., in the Main Hospital Lobby, the Cafeteria, and

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Carr Auditorium. Activities included the George Washington High School Symphony Orchestra and Choir performing in the hospital main lobby, the SF Mobile Zoo in the Carr Auditorium, and the main party festivities in the Cafeteria. We had photo opportunities with Santa, face painting, arts and crafts tables, elf magicians/jugglers, and health and wellness bag give-aways. Over 500 families attended and received a Safeway gift card and lunch for the children. In addition to the holiday party, Charles Dickens carolers performed in various units at the hospital throughout the afternoon.

The event was supported by the San Francisco General Hospital Foundation and donations from SFGH staff. It also marked the kick off of the month-long toy distribution process across the various children's units at SFGH, donated by the Children's Theater Association, the Arundel Homeowners Association, the Metropolitan Club, Kane and Finkel Healthcare Solutions, the Laf-A-Lots car club, the Dudley Perkins Harley Davidson and Buell motorcycle clubs, the SFGH's Material Management Department, and staff from Cardinal Healthcare and Ricoh Solutions.

This annual holiday party is an important and meaningful event for our patients and their families and continues SFGH's commitment to be a part of the community this holiday season

2. Sobering Center at CHN Building for New Year's Eve

A sobering center was set up in the CHN Building on 25th Street for New Year's Eve. The center was staffed by physicians, nurses and health professionals from SFGH and CBHS. A total of 46 people were brought into the center, all by the police; only 5 had to go to the Emergency Department. All were 'discharged' by 8:00am the next morning.

3. SFGH Dialysis Center Excelled With Quality Improvement Performance Goals

I am pleased to report that the SFGH Dialysis Center achieved the highest possible score for the quality improvement performance goals set by CMS. SFGH is very proud of the effort made by the staff of the Dialysis Center to provide the best of care for our dialysis patients. We are privileged to work with a group of people who show true dedication to their work and have the initiative to take on the challenges that come our way.

4. Patient Flow Reports for November 2011

A series of charts depicting changes in the average daily census is attached.

Medical/Surgical

Average Daily Census was 220.6, which is 5% over the number of budgeted beds and 90% of physical capacity of the hospital. 8% of the Medical/Surgical days were lower level of care and 6% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, excluding 7L, was 52.4, which is 83% of budget and 82% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.6 which is 80% of budget (n=7) and 47% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of November 2011, shows 77% non-acute days (16% lower level of care and 61% non-reimbursed). This data is based on discharges, and do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 26.8, which is 4% under our budgeted beds and 10% under physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 93.0, which is 12% below both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 91% of budgeted beds and physical capacity.

Commission Comments/Follow-Up:

Commissioner Waters asked whether it is possible to analyze the outcome data to determine the impact of the sobering center on ED use. Ms. Currin stated that John Brown, M.D., EMS Medical Director, will present the data to the Community and Public Health Committee. His analysis will focus on the impact to diversion at SFGH.

4) PATIENT CARE SERVICES REPORT

Sharon McCole Wicher, Chief Nursing Officer, gave the report.

December 2011 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 1.3% .

SFGH Ratio Staffing Data: By Number of Shifts – 12/01/11-12/31/11

The Psychiatry Department was unable to cover breaks for two shifts and Medical Surgical was unable to cover breaks for one shift during December 2011.

Recruitment:

Medical-surgical training program began January 6, 2012.

Professional Development:

Pilot Nursing Education Fund CEU Class

An enlightening program entitled “Nursing in the Time of AIDS” was conducted on December 8, 2011. Over 120 DPH RN's participated in a heartrending and inspiring educational experience that triggered memories and supported new knowledge of a pandemic that devastated many lives. The program focused on stories told by nurses engaged in direct care at SFGH during the crisis.

The highlight and surprise presenter was Jane Doe RN, a nurse who contracted AIDS in the course of providing patient care. She maintained her anonymity for the past 24 years fearing that she would be labeled, treated differently or become a poster child for AIDS. This did not prevent her from becoming a vocal advocate for needle safety and patient confidentiality that changed the delivery of healthcare to our current “Universal Precautions”, “Safety Needles” and “HIIPA” standards.

Jane Doe, “Mary Magee”, decided that this venue was the appropriate opportunity to reveal her identity. The attendees were visibly moved and honored to be part of this auspicious occasion. Mary continues to contribute to the care of others as a DPH nurse.

Commissioner Comments/ Follow-up:

Commissioner Waters asked how often nursing grand rounds will be held. Ms. McCole Wicher stated that nursing grand rounds will be held on a quarterly basis.

5) MEDICAL STAFF REPORT

Shannon Thynne, MD., Chief of Staff, gave the report.

LEADERSHIP/ACHIEVEMENTS/MEDIA

- Teresa Villela, MD, New FCM Service Chief- Dr. Elena Fuentes-Afflick, Chair of the Search Committee, presented the formal recommendation to nominate Dr. Teresa Villela as the next Chief of Family and Community Medicine. Dr. Villela has been a member of the SFGH Medical Staff since 1995, and is currently the Program Director of the SFGH Family and Community Medicine Residency, Vice Chair of the UCSF Department of Family and Community Medicine, and Vice Chief of the SFGH Department of Family and Community Medicine. Members commended Dr. Villela's outstanding leadership through the years and welcomed the nomination. MEC approved the nomination of Teresa Villela, MD as the next FCM Service Chief.

ADMINISTRATION/REGULATORY/COMPLIANCE

- Hepatitis C treatment approach at SFGH – Shannon Thynne, MD and Todd May, MD MEC continued discussions on the use of new and expensive medications at SFGH, specifically recently FDA approved Hepatitis C treatments. FDA approval was based on studies that showed significantly higher rates of sustained viral response (SVR, or viral cure) for patients who received the new treatment compared to those who received current treatment options only. Dr. Thynne presented volume statistics on the number of patients seen at SFGH for Hepatitis C, and the projected number of candidates for the new treatment for whom the pharmacy would need to absorb the cost in the current year. The demand for this new treatment is expected to increase over the next few years, and it is necessary to determine a thoughtful, clear strategy for allocating the hospital's limited resources.

Dr. Thynne presented the Utilization Management Committee's Report and Recommendations on Hepatitis C Treatment Allocation. The Committee's proposal include: (1) Set annual budget for unsponsored patients, (2) Stakeholder group establishes priorities and equitable wait list procedures, (3) Aggressively seek Patient Assistance Programs and other funding sources, (4) Encourage policy advocacy at higher levels, and (5) Consider developing a high cost drug pool for other disease processes and drugs, after experience with Hepatitis C. Dr. Thynne apprised MEC of important considerations identified by the Utilization Management Committee in developing a proposal for rational allocation of hospital resources.

Members expressed concerns about the huge expense associated with the new Hepatitis C treatment, particularly on potential adverse effects on the funding resource pool for other high volume common drugs or procedures needed in primary or specialty care settings. Dr. Thynne explained that while monetary cost is a major driving force behind the decision to implement a rational process for allocating resource, the Committee also considered the

needs of SFGH population, where there is a relatively high prevalence of Hepatitis C as compared to other populations in San Francisco. Members expressed support to this philosophical and defined approach to the allocation of the hospital's resources, especially with the current budget situation. Members also emphasized the need for clear and transparent communications regarding this rational allocation process in order to avoid wrong perceptions of patients and public. Following review and discussion, MEC approved the Utilization Committee's recommendations on the process by which the hospital determines which patients get treatment:

- (1) Hepatitis C treatment allocation will occur as outlined by the UM Committee with plans for treatment based on a fixed budget,
- (2) UM Committee will adopt a fixed budget approach to future resource allocation recommendations.

Resource allocation guidelines for the new Hepatitis C treatment will be formalized in the next few weeks.

- Drug Shortage Crisis – The P&T Committee's report to MEC highlighted the current drug shortage crisis, its major causes, drugs vulnerable to shortages, national consequences of drug shortage crisis on the healthcare industry, how FDS and the Government are trying to address the issues, and what SFGH is doing to manage drug shortage. MEC members were alerted about the recent acute shortage of 2mg/mL Ativan syringe (use for treatment of patients with acute alcohol withdrawal symptoms), which started during the holidays, and is expected to last until April. The Pharmacy Department has done an outstanding job in the identification and selection of alternative drugs or therapeutic equivalents. In response to this shortage, the Pharmacy Department and Emergency Department proactively worked on the development of a new protocol using Phenobarbital to manage acute alcohol withdrawal. The implementation of the new protocol since Dec 21, 2011 has proven to be very challenging to providers, especially for patients with complex clinical issues. Risk Management is working on developing clearer guidelines on how to evaluate and monitor these patients, the assessment of level of care needs, and how to handle the ongoing shortage.
- Patients admitted with short stays (usually <24 hrs) who do not meet criteria for acute hospital admission – Dr. May alerted members about a utilization management issue regarding a substantial number of patients admitted to the hospital and discharged in less than 24 hours. This specifically refers to the category of patients who may be billed as inpatients, but do not meet inpatient criteria. These patients require extended monitoring or treatment before discharge and should be placed on "observation" status rather than being admitted. These cases adversely affect hospital reimbursements, and may result in penalties by CMS for incorrectly billing for inpatient services. Dr. May pointed out that CMS and its contractors have been actively conducting audits to look for billing with improper patient status classifications. Dr. May emphasized that attending involvement, early on the course of care, is crucial in accurate patient status classification decisions and documentation. A short term task force will be convened to develop clear guidelines and criteria for inpatient admission and observation services. The task force also will expand observation status services, using the model for low risk chest pain patients. Members requested Service specific data on prior improper patient status classifications for review and to inform corrective action plans.

- **Hospital Flow Task Force** – Dr. Thyne informed MEC members that the task force is moving forward with its three initial initiatives to improve patient flow in the ED: (1) 6M Pediatric Clinic Hours open till 11 PM starting Feb 6, 2012 to allow 6 to 10 more patients seen, (2) The ED examination room for sexual assault cases will be made into a multipurpose room by end of January, and (3) Systematic plan developed for faxing of ED nursing sign outs (piloted at 4G) to rollout in all units over the next few months. The task force also assigned a sub-committee to work on getting discharges out more quickly.
- **Privacy Issues and HIPAA Compliance**: Dr. Thyne again reminded members to educate all housestaff/attending about HIPAA requirements, and the steps they need to ensure compliance. Service Chiefs are asked to strictly enforce privacy rules to ensure control of all documents with protective health information. Dr. Thyne will distribute guidelines for compliant sign out sheets this week after consultation with the Privacy Office and legal counsel at SFGH/UCSF.
- **Privilege List Revision, Ophthalmology Service** – Procedural Sedation Privilege deleted. Revote:

ANNUAL SERVICE REPORTS/CLINICAL SERVICE RULES AND REGULATIONS

- **Pediatric Service** – Elena Fuentes-Afflick, MD, Chief

Report included updates on the following:

- Scope of Service
- Faculty and Staff
- Educational Program
- Finance
- Research
- Quality Improvement Activities

Highlights include:

- Tattoo Removal Program is a new and innovative program offered to adolescents, and is funded by the SFGH Foundation.
 - Pediatric faculty are well-represented in University leadership, and three of its faculty, (Anda Kuo, MD, Alma Martinez, MD, and Colin Partridge, MD) holds important leadership positions in the UCSF Academy of Medical Educators).
 - Quality Improvement activity to improve communication with community physicians who admit to Pediatrics at SFGH was undertaken.
 - Challenges in the clinical area include issues on changes in MediCal reimbursement policies, space, and census in the nursery and inpatient unit. Educational challenges include issues of “service versus education” for housestaff, and residency rotation withdrawal from CPMC.
 - Inpatient goals include: reduce transports (nursery, ward), increase inpatient census and increase support for ICU patients (pediatric intensivist). Outpatient goal is to integrate pediatrics and mental health service. The Service also plans to continue increase in scholarly work.
- **Pediatric Rules and Regulations** – The substantive changes in the 2012 Pediatrics Rules and Regulations are:
 1. Renaming our service the “Pediatric Service” instead of the “Pediatrics Clinical Service.”

2. Addition of the Director of Billing and Compliance
3. Addition of the Director of Educational Development and Evaluation

Commissioner Comments/Follow-Up:

Regarding the Hepatitis C treatment approach, Commissioner Waters and Sanchez asked how the policy regarding treatment allocation will be developed. Dr. Thyne stated that there will be a stakeholder group involved and that a waitlist will be maintained. Draft guidelines on the treatment allocation policy will be brought to the SFGH JCC for review and discussion. Dr. May stated that SFGH will be looking at this as a model for resource allocation for future issues. Ms. Currin suggested that the JCC hear an update on this issue in six months.

Commissioner Waters asked if the drug shortage is a national problem. Mr. Woods stated that there is a national shortage and that SFGH will be using a refrigerated type of Ativan until national supplies are replenished.

Commissioner Waters asked if there will still be adequate privacy for examining sexual assault patients. Dr. Thyne stated that there are 25 exam rooms. Previously, one room was only used for sexual assault examinations and locked at all other times. The new system enables adult sexual assault exams to be done either in a room in which pediatric sexual assault exams are conducted or a designated room in the ED which will also be used for other types of exams. The new system will enable approximately 4-5 patients to be seen a day in the ED.

Actions Taken: The Committee approved:

- Teresa Villela, MD, as the new FCM Service Chief.
- Privilege List Revision, Ophthalmology Service
- Pediatric Rules and Regulations
- Anesthesia Rules and Regulations
- Medicine Rules and Regulations

6) QUALITY COUNCIL DECEMBER 2011 REPORT

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report. She stated that a CMS team performed a survey and that SFGH will respond within the next week. Most of the issues reported were not substantial and were related to environment-of-care issues (e.g. patient hygiene and dress) in the Behavioral SNF Care unit. Ms. Currin stated that the results were consistent with past surveys in that the surveyors did not understand the issues of working with the patient population.

Action Taken: The Committee approved the December 2011 Report.

7) PUBLIC COMMENT

Jennifer Gunn, RN at dialysis Center, stated that there are rumors that a private company will be contracted to take over the SFGH dialysis unit. She stated that the SFGH dialysis center is the only dialysis center that accepts indigent, uninsured, and incarcerated patients.

Louella Lee, staff person of SFGH renal center and lifelong resident of SF, stated that she is speaking on behalf of the renal center staff and 115 patients. She stated that SFGH has thirty-five year history of providing excellent service to the safety net population. She is concerned how a private company would be able to appropriately service the same population.

Rubin Rodriguez , staff person at the SFGH renal center, stated that the renal center has been serving patients since 1967. He has in his possession a letter from past SFGH leadership stating that the renal center will not be moved from SFGH. He stated that there needs to be better communication regarding the decision-making process around this issue.

8) **CLOSED SESSION:**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 13, 2011

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

- D) Reconvene in Open Session
 - 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
 - 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee voted not to disclose discussions held in the closed session.

9) **ADJOURNMENT**

The meeting was adjourned at 5:22pm

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, February 14, 2012
3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner David J. Sanchez, Jr., Ph.D.

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- 1) CALL TO ORDER
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**Minutes of the meeting of January 10, 2012*
- 3) FOR DISCUSSION AND POSSIBLE ACTION: SFGH RENAL CENTER
(S. Currin, S. Carlisle, N. Powe, R. Pickens)
**Report*
- 4) FOR DISCUSSION AND POSSIBLE ACTION: 2012-2014 DPH PROPOSED BUDGET
(Valerie Inouye, Sue Carlisle)
**Report*
- 5) FOR DISCUSSION AND POSSIBLE ACTION: CMS DSRIP UPDATE
(Iman Nazeeri-Simmons)
**Report*

- 6) FOR DISCUSSION AND POSSIBLE ACTION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGH)
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(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 9) FOR DISCUSSION AND POSSIBLE ACTION: QUALITY COUNCIL JANUARY 2012 REPORT
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of January 17, 2012 Meeting*
- 10) PUBLIC COMMENT**
- 11) CLOSED SESSION:

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 10, 2012

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

D) Reconvene in Open Session

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Commissioner

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Catherine M. Waters, R.N., Ph.D.
Commissioner

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MINUTES

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Tuesday, February 14, 2012, 3:00 p.m.
1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner David J. Sanchez, Jr., Ph.D.

Staff: Sue Currin, Sue Carlisle, Iman Nazeeri-Simmons, Terry Dentoni, Leslie Dubbin, Troy Williams, Valerie Inouye, Dave Woods, Kathy Jung, Anson Moon, Kathy Murphy, Todd May M.D., Shannon Thyne M.D., Neil Powe, M.D., Rachael Kagan

The meeting was called to order at 4:07pm.

2) APPROVAL OF THE MINUTES OF THE JANUARY 10, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the January 10, 2012 meeting were unanimously approved.

3) SFGH RENAL CENTER

Sue Currin, Sue Carlisle M.D., and Neil Powe, M.D., gave the presentation which included a history of the SFGH Renal Center and a review of its services and its costs.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on which organization currently runs the outpatient dialysis. Ms. Currin stated that UCSF faculty and medical staff run the outpatient dialysis under the SFGH license.

Commissioner Chow asked whether the data in the presentation represents number of sessions or unduplicated patients. Dr. Carlisle stated that the presentation shows the number of sessions.

Commissioner Waters asked what kinds of organizations run the remaining 34% of outpatient dialysis centers in the United States if 66% are managed by large organizations devoted to this kind of service. Dr. Powe stated that 80% of all outpatient dialysis patients are cared for by the 66% of facilities run by the three largest dialysis providers in the US; the other providers are smaller organizations and companies.

Public Comment:

Mardina Graham stated that she is a parent of a patient and has experienced the level of care at many units across the country. Her daughter had a stroke while on the dialysis machine and was treated immediately by the skilled SFGH staff.

Lester Lenoir stated that he is a dialysis patient and likes that the outpatient dialysis is located where he can receive other care on the same campus. He is concerned that the transportation to Laguna Honda Hospital (LHH) will be a deterrent to many patients.

George Lemus stated that he has been receiving dialysis for five years and that the SFGH Renal Center helped him during a time when he was in need of care.

Liqui Jeannette Vasquez-Villagram questioned the true cost of the move of the outpatient unit to LHH. She stated that the analysis does not include the impact of the environment and wear and tear of the LHH building. She questioned whether thirty dialysis chairs is necessary. She suggested that fire alarms and sprinklers be installed in the existing SFGH unit using the funds that would have paid for transportation of patients from SFGH to LHH if the unit was moved.

Rubin Rodriguez stated that he has worked at the SFGH outpatient dialysis unit for ten years and that it is the DPH's job to protect patients' health.

Fernando Ysaïs stated that he has been a patient of the SFGH Renal Center for four years and that the SFGH staff have helped him with dialysis and with many other issues like housing.

Colleen Carney, RN with renal center 20 years, stated that a dialysis unit at LHH would be great for the LHH residents but that the LHH campus is too far away from many of the residents of San Francisco. She also stated that many patients see multiple providers at SFGH during their dialysis visits.

Dan Harper, SEU 3299 Union organizer, stated that the Renal Center should stay at SFGH.

Lawrence Lau, a Renal Center employee for the past 15 years, stated that he expected that when the SFGH Rebuild was voted in, there would be room for the outpatient dialysis center. He stated that SFGH cares about patients more than a private company would and is concerned about quality of care.

John Scott, Renal Center Patient, stated that he has been to many facilities in San Francisco and he prefers that the outpatient dialysis stay at SFGH.

Roscoe Layug stated that LHH is too far away and that this may deter many patients from getting appropriate care. He read a letter from a medical transportation company stating it cannot afford to transport patients to LHH due to lower reimbursement rates from MediCare.

George (June) Reid, stated that it takes just one bus to get to SFGH from where he lives. If the Renal Center is moved to LHH, it will take much longer and will be an obstacle for him and others to get care.

Delia is concerned that SFGH outpatient dialysis is the only program that serves the safety net population in San Francisco.

Luella Lee, a Renal Center employee, stated that in the San Francisco Capital Improvement Plan, there is a plan to improve the existing SFGH buildings. She proposed that the dialysis center stay at SFGH until the bond measure is voted on and stated that the Renal Center staff and patients would work to get the measure passed.

Jennifer Gunn, Head RN, stated that outpatient dialysis is a revenue generator for SFGH. All patients are assisted in applying for Medicare or MediCal and are referred to other SFGH services as appropriate. She stated that if the outpatient dialysis center is moved to LHH, UCSF will become the provider for many of the ancillary services that dialysis patients will need; this will be a loss of millions of dollars of revenue for SFGH/DPH.

Patricia Paladino stated that she has worked at the Renal Center for 7 years and also works at a private dialysis unit. With this perspective, she is able to say that SFGH enables staff to give patients a higher level of quality services.

Amy Lew, SFGH Renal Center Nurse with 19 years experience, stated that the SFGH Renal Center has the benefit of fellows, research, and a connection to SFGH which enables quick labs and medicine when needed. By having the outpatient dialysis unit on the SFGH campus, it saves usage of the emergency department.

Catherine Fon, Physician's Assistant at the Renal Center for 15 years, stated that moving the unit will jeopardize fellowships and care for CHN patients. She stated that ninety percent of the outpatient patients live in the zip code shared by SFGH.

Sue Fillin, California Nurses Association (CNA), stated that the CNA intends to support efforts by the SFGH nurses to keep the outpatient dialysis unit at SFGH due to patient safety and quality of care issues.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that the presentation indicates that the DPH intends to continue to serve the safety net population in its plans to move the outpatient dialysis unit to LHH.

Commissioner Sanchez thanked everyone that made public comment and requested that the DPH consider exploring other options so that outpatient dialysis services could remain on the SFGH campus and another unit could be located at LHH.

Commissioner Chow requested that the DPH explore all possible options and postpone the release of the RFP until Director Garcia reports back to the SFGH JCC regarding this issue.

4) 2012-2014 DPH PROPOSED BUDGET

Valerie Inouye, SFGH Chief Financial Officer, reviewed the SFGH-related items on the DPH FY12-13 and FY 13-14 budget.

Dr. Carlisle stated that if the DPH does not fully fund the UCSF affiliation agreement, then there will be impact on the level of service provision. Dr. Thyne stated that she is concerned about the attrition of quality faculty due to lack of competitive salaries for SFGH medical staff.

Ms. Currin stated that there will be a reduction of psychiatry and medical consults in Med-Surgical Services as SFGH will use more clinical nurse specialists and physicians. The change will enable services to be covered seven days a week.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for a follow-up of the change in Med-Surg at future SFGH JCC meetings.

5) CMS DSRIP UPDATE

Iman Nazeeri-Simmons, Associate Hospital Administrator, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Waters asked if there are reports available for the Category 4 Intervention, "Surgical Site Infection." Ms. Nazeeri-Simmons stated that at this time SFGH has collected baseline data on this intervention.

Action Taken: The Committee approved the CMS DSRIP Update Report.

6) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, presented the report.

1. Ted Miclau named President of Orthopaedic Research Society

I am proud to report that Dr. Ted Miclau, Chief of Orthopedic Surgery and Director of the Orthopedic Trauma Institute at San Francisco General Hospital, was named the current President of the Orthopaedic Research Society last week. The Orthopaedic Research Society is an international organization for the advancement of musculoskeletal research through excellence in research, education, collaboration, communication, and advocacy.

2. Mammo Van is Back

The Mammo Van is back and it looks great! It is parked behind Building 80. The van made its Maiden Voyage to Potrero Hill Health Center last week and it was also at AT&T Park on Thursday for the Heroes and Hearts 2012.

3. SFGHF Heroes and Hearts

The 7th Annual Heroes and Hearts luncheon, sponsored by the San Francisco General Hospital Foundation, was held last Thursday (February 9, 2012) at AT&T Park. Over 1,000 people attended. This annual event honors community heroes and also is an opportunity to remind the public of the important role that San Francisco General Hospital and Trauma Center plays in our community. Proceeds from the luncheon and the accompanying evening event, Hearts After Dark, benefits the Foundation, which mission is to promote excellence in research, education and care for all at San Francisco General Hospital.

4. Chinese New Year Celebrated at SFGH

SFGH Chinese Employee Association and the CHEARS (Hospital Employees' Committee) organized a lunch celebrating the new Year of the Dragon last week. Activities included a lion dance by the San Francisco Police Department Lion Dance Team, Fan Dancing and singing of Chinese songs by staff.

5. Patient Flow Reports for January 2012

A series of charts depicting changes in the average daily census is attached to the minutes of the meeting.

Medical/Surgical

Average Daily Census was 212.5, which is 1% over the number of budgeted beds and 87% of physical capacity of the hospital. 11% of the Medical/Surgical days were lower level of care and 5% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, excluding 7L, was 55.1, which is 88% of budget and 86% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.0 which is 71% of budget (n=7) and 41% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of December 2011, shows 73% non-acute days (19% lower level of care and 54% non-reimbursed). This data is based on discharges, and do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 22.4, which is 20 %under our budgeted beds and 25% under physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 96.6, which is 9% below both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 95% of budgeted beds and physical capacity.

Commissioner Comments/Follow-Up:

Commissioner Waters asked if the reasons for the increase in Med-Surgical days. Ms. Currin stated that there were more patients during the holidays and that most of these were custodial care.

Commissioner Sanchez reminded the JCC members that Tony Bennett painted and donated one of the first hearts for the Heroes and Hearts benefit. He stated that is very pleased how successful the event has become over the years.

Commissioner Chow requested a report on non-acute beds in the next quarter.

7) PATIENT CARE SERVICES REPORT

Leslie, Director for Clinical Operations, gave the report.

January 2012 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 1%.

Staffing Ratio- January 2012

The Psychiatry Department was unable to cover breaks for one shift.

Recruitment and Training

Training programs for the Critical Care Nursing and Emergency Services begin on February 13, 2012.

Shared Governance Councils

Professional Development Council Initiative- Nursing Ground Rounds

The first SFGH Nursing Ground Rounds convened on February 1, 2012, sponsored by the Shared Governance Professional Development Council with collaboration of Shared Governance Research Council. The agenda included the following presentations;

- “The Question is the Answer” Sasha Cutler RN
 - “Evidence Based Practice” Grad Green RN
 - “A Question of Delirium” Liz Hewlett RN
 - “Development of Early Mobility Program in ICU” James Alonso RN
 - “Skin to Skin-Post C-section Initiative” Kristina Hung RN
 - “SD Leadership Triad: Teamwork and Shared Governance in Action” Erwin Villanueva RN
- 2 CEU’S were obtained and lunch was provided by a generous grant from the SF Foundation.

Quality and Safety Council Initiative-

On Jan 11th, the SFGH’s Nursing Quality and Safety Council attended a regional “Magnet Journey” event hosted by the Gordon and Betty Moore Foundation (GBMF). Nursing representatives from nine Bay Area hospitals convened to share initiatives and activities that support Magnet designation. Joe Clement RN, Sasha Cuttler RN, and Franco Herrera RN gave a presentation titled “Nursing Sensitive Indicators” in which they highlighted some of the unique, nurse-driven projects at SFGH that have reduced waste, improved the quality of care, and improved the patient and staff experience.

SFGH presenters unveiled an innovative reporting calendar for the Nursing Quality Forum (NQF¹) that moves from the current unit-based outcome model to reporting by clinical topic. The new structure is designed to improve communication and collaboration, and reduce duplication both within the nursing department and with other disciplines. To align with the newly released hospital strategic plan, this initiative groups clinical topics into the quality domains of Clinical Effectiveness, Workforce and Culture, Patient Centeredness, Efficiency and Waste, and Safety and Harm.

Well received by the audience, this new reporting system exemplifies SFGH’s commitment to Shared Governance, Magnet, and the advancement of the Nursing Profession.

¹ At the bi-monthly NQF, participants learn about initiatives across departments, share successes in performance improvement work, and hear important announcements related to regulatory readiness and patient safety.

American Nurses Association (ANA) Nursing Quality Conference

The American Nurses Association (ANA) Nursing Quality Conference in Las Vegas January 25-27th had participation from six SFGH nurses this year including Sarah Ghirawoo 4B Nurse Manager who lent her support. Participants had the opportunity to learn from other nurses and national leaders about innovations in patient safety and quality care. For the first time, San Francisco General Hospital had submissions accepted for presentation;

- Norlissa Cooper BSN, RN (4B nurse) with Sasha Cuttler PhD, RN presented the poster “Breaking Free from Knots: An Evidence-Based Approach to Physical Restraint Reduction”. Sarah Ghirawoo 4B Nurse Manager attended in support

- Nancy Parker MSN, RN, CNL (Nurse Manager Family Health and Urgent Care) with Catherine Weiser, MSN, RN, FNP and Ma. Grace Lopez, MSN, RN, CNL presented their poster “Outpatient Waiting Time and RN Job Satisfaction in the Urgent Care Center”.

In addition to the opportunity to learn about the work of other nurses from throughout the United States and around the world, there were informative talks from nurse researchers such as UCSF’s Holly De Groot, PhD, RN, FAAN who addressed the theory and methods of the “Staffing Climate” in Nursing. Professor Shoshanna Sofaer DrPH presented the results of national qualitative research that asked health care consumers what they felt were important quality measures for the National Quality Forum. As compared with previous conferences, there was an increased emphasis on examining new nurse-sensitive indicators for improved outpatient outcomes as well as increased attention to the patient’s perspective.

SFGH Nursing Skin Care Initiative

Ossie Gabriel RN, MSN, CNS launched a progressive patient care initiative designed to improve and standardize wound and ostomy care throughout the care continuum. Results from a needs assessment indicated that the current treatment plan lacked collaboration and evidence-based practice throughout the DPH system. This prompted the development of an innovative improvement plan that has potential to spread as a model for other urban areas. Proposed to be implemented in stages, this quality improvement project includes cost analysis, ability to replicate across care areas and standardization with the ultimate goals of improving patient outcomes, satisfaction and reducing unnecessary cost and waste.

This initiative includes the following

- SFGH- standardized skin and wound care with bi-weekly skin rounds by 22 nurses
- Engagement of DPH skin care leaders including Laguna Honda, Home Health and SFGH Wound Care Center for the purpose of a developing a cohesive patient and issue specific management system through the DPH continuum.
- Product Evaluation including price consideration with pilot actions at the various sites.
- Wound, Ostomy, Continence Nursing (WOCN) Classes and Presentations by clinical and research leaders every six months. Starting with a recent one day Wound Symposium attended by 130 staff from SFGH and participating DPH agencies.
- Engagement and spread of initiative throughout the bay area.

The Emergency Department had a Diversion rate total of 15% (112 hours) for the month of January 2012. The ED encounters for the month of January totaled 5036 patients, 870 of those were admissions.

PES had 490 patient encounters during December 2011 and 447 in January 2012. PES admitted a total of 106 patients to SFGH inpatient psychiatric units in January 2012, a decrease from 120 patient admissions in December. In January a total of 337 patients were discharged from PES: 34 to ADUs, 11 to other psychiatric hospitals, and 292 to community/home.

There was an increase in Condition Red hours from December to January. PES was on Condition Red for 269.6 hours during 25 episodes in January. The average length of Condition Red was 10.79 hours. In December, PES was on condition Red for 88.48 hours, during 14 episodes, averaging 6.32 hours.

The average length of stay in PES was 28.51 hours in the month of January, an increase from 22.11 hours in December 2011.

8) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

LEADERSHIP/ACHIEVEMENTS/MEDIA

- Service Chief, Neurology – Dr. James Dilley, Chair of the Search Committee, presented the formal recommendation to nominate Dr. J Claude Hemphill III as the new Chief for the Neurology Service. Dr. Hemphill has been on the SFGH Medical Staff since 1996, and has served as Interim Chief since July 2010. Dr. Hemphill received his medical degree from Emory University and completed his residency in neurology and fellowships in critical care medicine and neurocritical care/stroke at UCSF. A motion was made to approve the appointment of Dr. J Claude Hemphill III as the Neurology Service Chief.
- UCSF Vice Dean for Academic Affairs - Elena Fuentes-Afflick, MD has been named Vice Dean for Academic Affairs, effective April 1, 2012. Dr. Fuentes-Afflick will continue her role as Chief of the SFGH Pediatrics, but will reorganize the Pediatric Service and appoint an Associate Pediatrics Service Chief.
- Heroes and Hearts Award– Dr. Richard Coughlin of the SFGH Orthopedic Service will be one of three individuals who will receive a Heroes and Hearts Award on Feb 9, 2012. Dr. Coughlin was nominated by an Army Iraq War Veteran who survived a suicide bomb attack in July 2011. After being stabilized in Iraq and Germany, he was evacuated to SFGH and Dr. Coughlin was his surgeon.
- Healthy San Francisco Evaluation Results – Ms. Tangerine Bringham gave MEC members an update on the Health San Francisco Evaluation results, based on a two-year (2009-2011) independent evaluation conducted by Mathematica Policy Research Inc. The purpose of the project was to determine if Healthy San Francisco was achieving its goal to expand access to care for the uninsured. In summary, the findings are:
 - (1) HSF participants are very satisfied with their access to health care services,
 - (2) Participation in the program alleviated financial and nonfinancial barriers to medical care for a large portion of the enrollees, and
 - (3) Most HSF participants are regularly receiving outpatient care at their medical homes, and are using fewer ED services over time.

ADMINISTRATION/REGULATORY/COMPLIANCE

- Privacy Issues and HIPAA Compliance: MEC discussions continued on the identification and implementation of additional measures to prevent or minimize PHI security breaches at SFGH, particularly on resident sign out paper sheets. An education campaign and culture change will be necessary to ensure the confidentiality and integrity of protected health information.
- Vendor Mate – Dr. Thyne informed MEC members that “Vendor Mate”, a system for vendor authorization and check in system, is now fully live. Vendors will no longer be allowed into patient care areas without a Vendor Mate SFGH personalized badge.

Action Taken: The Committee approved Dr. J Claude Hemphill III as the new Chief for the Neurology Service.

9) **QUALITY COUNCIL JANUARY 2012 REPORT**

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow congratulated the Surgi Center for meeting its patient satisfaction goals. Commissioner Chow asked for clarification regarding the Direct Access Colonoscopy teaching on page five of the Report. Dr. May stated that the group teaching method for the Direct Access Colonoscopy has been very successful.

Action Taken: The Committee approved the January 2012 Report.

10) **PUBLIC COMMENT**

There was no general public comment.

11) **CLOSED SESSION:**

APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 10, 2012

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee voted not to disclose discussions held in closed session.

12) **ADJOURNMENT**

The meeting was adjourned at 6:04pm.

Steven Tierney, Ed.D.
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, March 13, 2012
3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner David J. Sanchez, Jr., Ph.D.

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE FEBRUARY 14, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of February 14, 2012*
- 3) FOR DISCUSSION AND POSSIBLE ACTION: SFGH REBUILD UPDATE
(Terry Saltz, Mark Primeau, Ron Alameida)
**Report*
- 4) FOR DISCUSSION AND POSSIBLE ACTION: CMS SPD/LIHP UPDATE
(Tangerine Brigham)
**Report*
- 5) FOR DISCUSSION AND APPROVAL: QUALITY MEASURES REPORT AND PATIENT EXPERIENCE UPDATE
(Sue Schwartz)

**Report*

- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGH)
(Susan A. Currin, Chief Executive Officer)
**Report*
- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Sharon McCole Wicher, Chief Nursing Officer)
**Report*
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 9) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL FEBRUARY 2012 REPORT**
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of February 21, 2012 Meeting*
- 10) **PUBLIC COMMENT****
- 11) **CLOSED SESSION:**

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 14, 2012**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

D) **Reconvene in Open Session**

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

12) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

**** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

***** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.**

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American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

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Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

James M. Illig
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Edwin M. Lee, Mayor

Department of Public Health



Barbara A. Garcia, MPA
Director of Health

Mark Morewitz, MSW
Executive Secretary

TEL (415) 554-2666
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Web Site: <http://www.sfdph.org>

MINUTES

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Tuesday, March 13, 2012, 3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner David J. Sanchez, Jr., Ph.D.

Staff: Sue Currin, Barbara Garcia, Todd May M.D., Shannon Thyne M.D., Anson Moon, Sue Schwartz, Dave Woods, Leslie Dubbin, Kathleen Murphy, Shemineh Jafarieh, Rachael Kagan, Mark Primeau, Roland Pickens, Iman Neezi-Simmons, Sue Carlisle M.D., Tangerine Brigham, Jeff Critchfield M.D., Mark Morewitz

The meeting was called to order at 3:02pm.

2) APPROVAL OF THE MINUTES OF THE FEBRUARY 14, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Commissioner Chow stated that the minutes should reflect that the meeting began at 3pm. Ms. Currin stated that her response to Commissioner Waters question regarding the reason for the increase in Med Surgical days should indicate that most were acute days

Action Taken: The minutes of the February 14, 2012 SFGH JCC Committee meeting minutes were approved with the corrections noted above.

3) SFGH REBUILD UPDATE

Terry Saltz, SFGH Rebuild Program Director; Ron Alameida, DPW, and Mark Primeau, DPH Capital Projects Consultant, presented the update.

Director Garcia stated that once furniture, fixtures, and equipment (FFE) projections are finalized, she will be working with the 5 Year Budget Subcommittee to plan accordingly. She added that the FFE will not be funded during one fiscal year and that she has already begun speaking with the Controller and Mayor's Office regarding this issue.

Ms. Currin stated that the SFGH Foundation has begun the silent phase of fundraising for FFE and will go public in May or June.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if all the equipment within the FFE will be new. Ms. Currin stated that SFGH has stopped ordering new equipment (e.g. beds) in the hope that it can buy all new equipment for the new hospital.

Commissioner Waters asked whether a consultant was used for the LHH transition process. Mr. Saltz stated that a consultant was used to plan and execute the transition.

Commissioner Chow asked if the cost of reusing the existing building has been calculated into the total cost of the project. Mr. Saltz stated that the cost of reusing the existing building has not been included in the projected costs. Mr. Primeau stated that the City has agreed to fund this project and may fund this along with renovations to 101 Grove through a new bond initiative.

Commissioner Chow asked for more information regarding the \$35M projected for IT. Mr. Primeau stated that the new system will save money because of increased efficiencies. Director Garcia stated that a new IT Business Office is being organized to increase the efficiency and effectiveness of all DPH IT projects.

Commissioner Waters asked if the 212 FTE projected indicates an increase. Mr. Primeau stated that this is an increase based on the additional 32 beds that are part of the new hospital. In addition to the extra cost of additional staff, there will also be revenues from the additional beds.

Commissioner Chow asked for an update on change orders. Ms. Currin stated that the scope of change orders has been small.

4) CMS SPD/LIHP UPDATE

Tangerine Brigham, Deputy Director and Director of Healthy San Francisco, gave the update.

Commissioner Comments/ Follow-Up:

Commissioner Chow asked why the State does not have data on Anthem Enrollees. Ms. Brigham stated that there is no way to separate data on new SPD enrollments.

Director Garcia asked whether the DPH is billing other counties for services provided to LIHP enrollees who live outside of San Francisco. Ms. Brigham stated that the DPH is billing other counties for services provided to LIHP enrollees who live outside of San Francisco.

5) QUALITY MEASURES REPORT AND PATIENT EXPERIENCE UPDATE

Sue Schwartz, Quality Improvement Manager, provided the update.

Commissioner Comments/Follow-Up:

Commissioner Waters asked for information on the measures that are “retired.” Ms. Schwartz stated that the “retired” measures have been moved to another list of CMS required measures.

Commissioners Chow and Waters discussed research indicating that various ethnic/racial groups often respond differently to satisfaction surveys. They recommended trending the data by race to best analyze the data and prepare for future surveys.

6) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report which reports the activities and operations of SFGH.

Program Updates:

1. Sue Carlisle and Alissa Perrucci to Receive UCSF 2012 Chancellor's Award for the Advancement of Women

I am very proud to report that two SFGH staff have been awarded the UCSF 2012 Chancellor's Award for the Advancement of Women. Dr. Sue Carlisle, the Associate Dean of Medicine at SFGH, was selected for the award in the faculty category. Dr. Alissa Perrucci is the Counseling and Administrative Manager for the Women's Option Center; and will receive this award under the Staff category. The award has been given since 1994 to recognize exceptional efforts toward the advancement of women at UCSF beyond the scope of an individual's job, area or research, or student training. Each year, three individuals are selected -- one faculty, one staff, and one student/resident/ postdoctoral scholar. Chancellor Susan Desmond-Hellmann and Vice Chancellor of Diversity and Outreach Renee Navarro will present the awards on March 28, 2012.

2. NAPH Fellows to Visit SFGH and LHH

The National Association of Public Hospitals and Health Systems' (NAPH) Fellow Program brings together administrative and physician leaders to explore new approaches to working together and to learn about models, strategies and tools to help safety net hospitals transition to more integrated models of care. Participants of the 2011 Program included Will Huen, Associate Chief Medical Officer at SFGH; Lisa Johnson, Medical Director for Community Oriented Primary Care; Marcellina Ogbu, Director of Community Health Care Services; Irene Sung, Chief Medical Officer for Community Programs; and Steven Thompson, Chief of Staff at Laguna Honda Hospital.

As part of their curriculum, the Fellows will be visiting San Francisco General Hospital and Laguna Honda Hospital as part of their tour through the Bay Area to learn about local efforts to prepare for Health Care Reform and to improve integration of services.

3. Lean Training at SFGH

SFGH Executive Staff and Medical Leaders completed an introductory training on using Lean (Toyota Management System) as a management philosophy and strategy for SFGH and DPH. In addition to the SFGH Staff, attendees included Tangerine Brigham (DPH), Colleen Chawla (DPH), Gloria Wilder (CBHS), Kelly Hiramoto (Placement), Lisa Johnson (COPC), and Marcellina Ogbu (Community Health Care Service).

Lean Training exercises will continue at SFGH through the summer.

4. SFGH Outpatient Renal Center Update

This report will be given at a future meeting.

5. Patient Flow Reports for February 2012

A series of charts depicting changes in the average daily census is attached the original minutes of the meeting.

Medical/Surgical

Average Daily Census was 227.4, which is 8% over the number of budgeted beds and 93% of physical capacity of the hospital. 5% of the Medical/Surgical days were lower level of care and 10% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, **excluding 7L**, was 52.2, which is 83% of budget and 82% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.5, which is 79% of budget (n=7) and 46% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of January 2012, shows 78% non-acute days (23% lower level of care and 55% non-reimbursed). This data is based on discharges, and do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 23.3, which is 17% under our budgeted beds and 23% under physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 101.5, which is 4% below both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 98% of budgeted beds and physical capacity.

7) PATIENT CARE SERVICES REPORT

Leslie Dubbin, Director for Clinical Operations, gave the report.

February 2012 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 2.1%
Staffing Ratio- February 2012-all shifts were covered.

Recruitment and Training

The medical-surgical training program classes concluded on Friday March 3. Critical care and the emergency department programs are in process.

Retention/Professional Development: Nine SFGH staff members are currently participating in the Partners in Education grant program which supports unlicensed SFGH staff in preparing for and completing RN education. Eight of the participants are medical assistants and are enrolled in pre-requisite courses and one participant is in the CCSF RN program. The coordinators of the program are meeting with the San Francisco Healthcare Foundation on March 6 to evaluate the success of the program and plan for this final year of funding.

Nursing Excellence:

Shared Governance Council

A nursing leadership retreat, held on February 29, evaluated the progress of Nursing Shared Governance and planned the 2012 goals and priorities. Attended by Council co-chairs, nursing directors and nursing excellence ambassadors, the retreat was facilitated by Dr. Gregory Crow. 2012 goals will

be finalized in the April Coordinating Council and will focus on the structure of shared governance at the service area level as well as outcomes related to Nursing Excellence.

Ambassadors for Nursing Excellence

In 2009 staff RN's, representing each unit in the hospital, were formed to support participation in two hospital-wide surveys required to advance the journey to Magnet designation. They developed marketing strategies and unit based communications tools enhancing the success of the survey initiatives. These RN's, known as Magnet Champions, successfully facilitated participation in a total of three surveys and advanced understanding of "Magnet" designation throughout the hospital.

2012 marked a series of changes to SFGH's Magnet Champions that included redefining their roles, responsibilities and group structure. This began with a re-branding of the group's title to "Ambassadors of Nursing Excellence" reflecting the goals and journey. Three staff nurses assumed leadership as the group co-chairs in support of the SFGH shared governance model.

The purpose of the Ambassadors is to support an environment of nursing excellence through facilitation of staff participation in essential surveys and to enhance bi-directional communication between staff, councils and administration. During 2012, the group established a survey participation goal of 100%.

ED Report – February 2012

The Emergency Department had a Diversion rate total of 20% (140.85hrs) for the month of February. The ED encounters for the month of February totaled 5078 patients, 789 of those were admissions.

PES Report – February 2012

PES had 447 patient encounters during January 2012 and 477 in February 2012. PES admitted a total of 110 patients to SFGH inpatient psychiatric units in February 2012, an increase from 106 patient admissions in January. In February a total of 377 patients were discharged from PES: 37 to ADUs, 20 to other psychiatric hospitals, and 320 to community/home.

There was a decrease in Condition Red hours from January to February. PES was on Condition Red for 106.5 hours during 17 episodes in February. The average length of Condition Red was 6.27 hours. In January, PES was on condition Red for 269.6 hours, during 25 episodes, averaging 10.79 hours.

The average length of stay in PES was 23.91 hours in the month of February, a decrease from 28.51 hours in January 2012.

Request for Transfer to PES from other San Francisco Hospitals Report for January and February 2012 Introduction

In an effort to monitor patient flow from outside hospitals and health care facilities to Psychiatric Emergency Service (PES) at SFGH the following data from January-February 2012 is presented. This data includes the numbers of patients referred from other facilities, as well as the ultimate disposition of these patients. As patients are referred from other facilities they are screened for clinical appropriateness and county responsibility by the triage nurse in PES. Priority for transfer to PES is given to Short-Doyle (indigent) patients who are residents of San Francisco (SF). Insured SF resident who are the responsibility of the SF Department of Public Health (DPH) are then prioritized in the order of request for transfer.

JANUARY 2012

Requests from:

- CPMC: 9 requests: all discharged from CPMC ED
- St. Luke's: 11 requests: 8 discharged from ED; 1 to Alameda County; 1 to CPMC; 1 admitted to own dementia care services
- UCSF: 17 requests: 2 discharged to Dore Clinic; 1 discharged to VA; 14 discharged from ED
- Kaiser: 4 requests; 1 admitted to Kaiser; 1 admitted to SFGH; 2 discharged from ED
- St. Mary's: 4 requests; all discharged from ED
- St. Francis: 9 requests; 2 admitted to own unit; 1 admitted to SFGH; 6 discharged from ED
- Seton/Mills-Peninsula: 3 requests; all discharged from ED
- Other/Out of County ED: 7 requests; 1 admitted to PES; 3 admitted to own units; 3 discharged from ED

FEBRUARY 2012

Requests from

- CPMC: 2 requests: 1 admitted to PES; 1 discharged from ED
- St. Luke's: 9 requests: 1 admitted to St. Francis; 1 admitted to CPMC; 7 discharged from ED
- UCSF: 14 requests; 4 admitted to LPPI; 10 discharged from ED
- Kaiser: 1 request: discharged from ED to Westside Crisis Clinic
- St. Mary's: 5 requests: 2 admitted to St. Francis; 3 discharged from ED
- St. Francis: 2 requests: 1 admitted to PES; 1 discharged from ED
- Mills-Peninsula: 1 request; admitted to own unit
- Other/Out of County ED: 6 requests; 1 admitted to PES; 1 admitted to John George Pavilion; 1 admitted to Joaquin County Hospital; 3 discharged from ED

Summary

Review of the data reveals that 71% of patients originally inquired about were discharged from the Emergency Department to non-treatment settings with 29% being discharged to a variety of clinical settings. Going forward, only referred patients who have been determined to be the responsibility of SF DPH will be included on the PES Transfer Log. Efforts will be made to obtain the length of wait time for PES transfer for all logged patients, though PES is not able to independently verify this length of stay information.

Commissioner Comment/Follow-Up:

Commissioner Waters asked whether the development program funding is ending. Ms. Dubbin stated that there is a possibility that funding will continue and that she will send further information through Mr. Morewitz.

8) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

LEADERSHIP/ACHIEVEMENTS/MEDIA

- Member at Large Interim Appointment: MEC approved the appointment of Dr. Albert Yu as interim "Member at Large", pending official appointment at the June 2012 Medical Staff Dinner. Dr. Yu is the Medical Director of the Chinatown Public Health Center, and the Chief

Medical Information Officer (CMIO) of the CPC Service. Dr. Yu replaces Dr. Lisa Johnson, who assumed the CPC Service Chief position, following Dr. Michael Drennan's retirement.

- **Chancellor's Award for Advancement of Women** – Dr. Thynne informed members that Dr. Sue Carlisle is the recipient of the 2012 Chancellor's Award for the Advancement of Women. The award has been given since 1994 to recognize exceptional efforts toward the advancement of women at UCSF beyond the scope of an individual's job, area of research, or student training. Commissioners are welcome to attend a reception at 12:00 on March 28, 2012 on the Parnassus campus.

ADMINISTRATION/REGULATORY/COMPLIANCE

- **Tissue Committee** – MEC approved the re-activation of the hospital's Tissue Committee with plans for additional members and expanded functions/activities. Dr. James Grenert will assume the role of committee chair.
- **Medicine- Positive Health Division Privilege List Revision (ACTION ITEM)** – MEC approved revisions to the Medicine, Division of Positive Health Program's privilege list. Added to the privilege list is the treatment for **adolescent** patients on the Medicine Wards by pediatricians who are currently board admissible, board certified, or re-certified by the **American Board of Pediatrics** or a member of the service prior to 10/17/00.
- **Caredination Pilot Update** – Mr. Tim Greer, UCSF Network/Computing Resource Manager, gave an update to MEC members on the "Caredination Resident Sign Out/Hand-off" system. The computer based system was designed by Dr. Alex Rybkin, and is currently piloted with the FCM Inpatient Group. FCM residents use IPADS to complete web-based sign out/hand-off, instead of paper sheets. This is in line with efforts to ensure compliance with privacy regulations, and improve the quality of information transfer between cross-covering residents. Mr. Greer stated that the FCM residents fully endorse use of this resident sign out/hand-off system, and have given recommendations for improvement. Work will continue to address identified issues, and plans to expand usage of the system hospital wide.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

- **Radiology Service Report** – Dr. Mark Wilson presented updates on the Clinical Service's faculty, administrative/operational staff reorganization, training programs, research, major equipment, and QI/QA/Performance Improvement Activities. Dr. Wilson highlighted the following:
 - SFGH Radiology Peer-Reviewed Publications which include 20 articles published in calendar year 2011, 16 with SFGH faculty as first or senior author.
 - GE is the vendor for most of the major equipment pieces. For the selection of major equipment for the new hospital, Dr. Wilson stated that the theme is bringing the imaging/intervention to the patient.
 - Ongoing performance improvement projects include E-referral and Radiologue (CT Task Force). E-Referral was successfully implemented in the MRI, has expanded to CT and Ultrasound, and will soon be used in Mammography and IR.
 - The Radiologue enables electronic exam prioritizing, wet-read module, and QA functionality. It has significantly reduced CT wait times for both inpatient and outpatient, and is now being utilized throughout the hospital.
- **Radiology Rules and Regulations (ACTION ITEM)** – Changes to the 2012 Radiology Rules and Regulations include:
 - Update on list of current equipment
 - Update on organization of the Radiology Clinical Service, including updated staffing and organization chart
 - Clarification of supervision of residents during procedures

-Updates on privilege list - 36.50 – addition of admission for interventional procedures, 36.90-
Procedural Sedation and 37.10 – addition of Carotid Artery Stenting
-Addition of Tumor Ablation to Procedure List

Action Taken: The Committee approved Dr. Albert Yu as the “Member at Large” Interim Appointment.

Action Taken: The Committee approved the Positive Health Division Privilege List Revision.

Action Taken: The Committee approved the Radiology Rules and Regulations with the exception of the addition of Tumor Ablation which will be voted on at the next meeting. Commissioner Chow requested additional clarification of this procedure.

9) QUALITY COUNCIL FEBRUARY 2012 REPORT

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report and distributed the Patient Safety Plan.

Commissioner Comments/Follow-Up:

Commissioner Waters asked for more information on the patient to patient assaults. Ms. Nazeeri-Simmons stated that SFGH is looking at whether there is a particular time of day in which more of these incidents occur.

Commissioner Waters asked if C Difficile is a problem at SFGH. Ms. Nazeeri Simmons stated that SFGH instituted some new procedures several years ago which were effective in keeping this under control.

Commissioner Chow asked whether hand hygiene data shows significantly differing rates when comparing data from various quarters. Ms. Nazeeri Simmons stated that hand hygiene data has remained generally stable.

Action Taken: The Committee approved the February 2012 Report.

Action Taken: The Committee approved the SFGH Patient Safety Plan.

10) PUBLIC COMMENT

There was no public comment.

11) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 14, 2012

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee voted not to disclose discussions held in closed session.

12) ADJOURNMENT

The meeting adjourned at 5:52pm.

Sonia E. Melara, MSW.
President

Edward A. Chow, M.D
Commission

Cecilia Chung
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
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Belle Taylor-McGhee
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, April 10, 2012
3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner David J. Sanchez, Jr., Ph.D.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE MARCH 13, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of March 13, 2012*

3) FOR DISCUSSION AND POSSIBLE ACTION: SFGH RENAL CENTER
(S. Currin, Chief Executive Officer)
**Report*

4) FOR DISCUSSION AND POSSIBLE ACTION: INFORMATION SYSTEM UPDATE
(Jenson Wong, M.D., Chief Medical Informatics Officer;
Winona Mindolovich, Information Systems Director)
**Report*

5) FOR DISCUSSION AND POSSIBLE ACTION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGH)

(Susan A. Currin, Chief Executive Officer)

**Report*

- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Sharon McCole Wicher, Chief Nursing Officer)
**Report*
- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL MARCH 2012 REPORT**
(Sue Schwartz, Director of Performance Improvement)
**Minutes of March 20, 2012 Meeting*
- 9) **PUBLIC COMMENT****
- 10) **CLOSED SESSION:**

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF MARCH 13, 2012**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

D) **Reconvene in Open Session**

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

SFGH JCC Agenda

April 10, 2012

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Disability Access

Conference Room 7M30 is wheelchair accessible. It is located on the seventh floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the seventh floor and look for Room 7M30. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

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Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sovf@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

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Sonia E. Melara, M.S.W.
President

Margine A. Sako
Vice President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
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Belle Taylor-McGhee
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Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, April 10, 2012, 3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30
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4/10/12

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner David J. Sanchez, Jr., Ph.D.

Staff: Sue Currin, Roland Pickens, William Huen, Anson Moon, Sue Schwartz, Kathy Jung, Tom Holton, Troy Williams, Kathleen Murphy, David Pearce M.D., Shannon Thyne M.D., Sherminah Jafarieh, Sharon McCole Wicher, Jenson Wong, M.D., Winona Mindolovich, Cathryn Thurow, Dan Schwager, Mark Morewitz

The meeting was called to order at 3:04pm.

2) APPROVAL OF THE MINUTES OF THE MARCH 13, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the March 13, 2012 San Francisco General Hospital Joint Conference Committee meeting were unanimously approved.

3) SFGH RENAL CENTER

Ms. Currin provided an updated presentation on the SFGH Renal Center. Ms. Currin thanked the public for attending the meeting and said SFGH leadership has attempted to incorporate input from the Health Commission and the public into its plan for the outpatient renal services.

David Pearce M.D., Nephrology Chief, stated that the Renal Center staff are incredibly dedicated. He said that the building's current infrastructure issues make it necessary to move the outpatient renal services.

Commissioner Comments/ Follow-Up:

Commissioner Chow asked whether the \$9,000 listed in the presentation as the current amount of revenue loss for DPH to serve the patients at the Renal Center, includes costs for paying for care of outpatient renal patients who are referred to external providers. Ms. Currin stated yes, that it currently costs SFGH \$20,000 a month for outpatient renal dialysis patients unable to be accommodated at SFGH. It is anticipated that in the plan to expand the outpatient dialysis services at Laguna Honda Hospital, no patients will have to be referred to external providers.

Commissioner Sanchez stated that a diverse and dedicated staff is an important part to consider in the future plans of the outpatient renal services. He added that the issues with the current facility and current budget issues make it necessary to make changes to the service configuration but the final solution is not clear at this time.

Public Comment:

Rubin Rodriguez stated that if the outpatient renal services are relocated to LHH, only a small portion of the current patients would benefit. The commute to LHH would negatively impact the majority of the patients.

Rosalie Chian proposed a joint venture between UCSF and SFGH to be located at SFGH. She suggested that UCSF use economies-of-scale to build a unit in the new SFGH building.

Clarina Kennedy stated that it makes no sense to move the unit to LHH when LHH drastically overspent its budget.

Louella Lee stated that in June 2011, 50% of outpatient renal service facilities reported that they were not in compliance with the life-safety issues.

Roscoe Layug stated that the SFGH outpatient renal services is the only unit that provides services to patients who are mentally ill, abusive, live in nursing homes or are incarcerated. In addition, private facilities have a lower patient-to-staff ratio. He added that a hospital-based facility means that patients have access to important and medically relevant services.

Jose stated he has worked for the SFGH Renal Center for six years in addition to other private outpatient renal centers. In his experience, the Renal Center has a much better staff-to-patient ratio which impacts the level of compassion that staff are able to provide in their care of patients.

Dan Harper, Local 3299, stated that he strongly supports keeping the Renal Center at SFGH and that the Union will do all it can to make this happen. He added that UCSF facilities are public which are very different than non-profit and private companies.

Allen Garlitos works per-diem for most of the local private hospitals and said he has found a home at SFGH because the staff works as a team.

Jennifer Gunn, SFGH Renal Center Homecare Dialysis Coordinator, stated that the Renal Center is a "golden egg" with predicted revenues of one million dollars. She questioned why the DPH would want to hand over the revenue-earning program to another entity.

Sam James M.D., Medical Director of the SFGH Outpatient Renal Dialysis unit, stated that he is very proud of all the workers representing the dialysis unit. He added that it would be ideal to have a larger dialysis unit at SFGH; staff and patients would benefit and the DPH would gain revenue.

Commissioner Comments/Follow-Up:

Commissioner Chow asked whether it is possible to find space in the new building for the Renal Center and asked for clarification on the reason for the timing of the review of this issue. Ms. Currin stated that there is no space in the new building unless another program is closed. She added that the current facility issues within the Renal Center facility make it necessary to move forward with a new plan so that SFGH remains in compliance with safety standards. She also stated that the move into the new acute care building will not be until late 2015 or early 2016, which means that moving the Renal Center to the new building will not occur until 2018 or 2019.

Commissioner Chow asked if DPH/SFGH has spoken with UCSF about the Mt. Zion option or about the RFP. Cathryn Thurow, UCSF Assistant Dean, stated that there has been no direct conversation with Mt. Zion but indicated that Dr. Carlisle, UCSF Associate Dean, has spoken to the UCSF administration and has heard favorable feedback about it applying for the RFP.

Commissioner Chow asked if the proposed amount of thirty chairs will appropriately meet the needs of the local population as it ages. Mr. Pickens stated that thirty chairs meets the current population's needs and that it is anticipated that the City will need more chairs or to increase the number of shifts in the future to meet growing demands of this service.

Commissioner Chow asked for information on the timing of the RFP process. Mr. Roland stated that the RFP would likely be released in summer and the contract would begin at the end of this year or the early part of next year with a 12-month construction timeline built in.

Commissioner Sanchez stated that he is very interested in SFGH/DPH pursuing dialogue with the UCSF leadership. He would like to explore all possibilities to insure that the best option is available to best serve the San Francisco community. He added that three of the top-rated outpatient renal centers are run by UCSF.

Commissioner Chow stated that the current number of thirteen chairs is not sufficient to serve the population's current needs. He is concerned that the current facility does not meet appropriate regulatory and safety standards and reiterated that the DPH has an obligation to provide care to patients in the best possible facility within an optimum timeframe for the patient. Additionally he stated that the DPH should move forward with the RFP and suggested insuring that patient transportation be part of the plan. He also stated that he would like DPH/SFGH to continue exploring options with UCSF in regard to a combined renovation project with the UCSF Mt. Zion campus.

4) INFORMATION SYSTEM UPDATE

Jenson Wong, M.D., Chief Medical Informatics Officer and Winona Mindolovich, Information Systems Director gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow asked whether training on new systems will be system-wide instead of just to SFGH physicians. Ms. Mindolovich stated that training will also be offered at the community health centers.

Commissioner Chow asked Dr. Thyne to report on how medical staff have acclimated to using the new system. Dr. Thyne stated that, in her experience, staff are interested and want to be trained. She also stated that as systems are implemented, they become more relevant to daily work and care. She added that the implementation of the electronic medical record helped staff alter workflow to increase efficiency.

Commissioner Chow requested a report to the SFGH JCC in the next four to five months on how the clinics have implemented the electronic medical record in regard to Meaningful Use guidelines. He also requested a final timeline for DPH IT systems implementing Meaningful Use. Included in this presentation should be details on insuring HIPAA compliance. After the SFGH JCC hears this report, it will be presented to the full Health Commission.

5) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report which states the activities and operations of SFGH.

Program Updates:

1. Service Excellence

Regulatory bodies such as the Centers for Medicare and Medicaid (CMS) will no longer provide reimbursement to healthcare organizations simply for providing services to patients. Under new provisions called Value Based Purchasing, SFGH will need to demonstrate clear outcomes for improving quality of care and patient safety while also ensuring operational efficiencies and increasing patient-centered care. Focus will be placed on improving performance in clinical indicators as well as patient experience.

In order to achieve the desired outcomes, SFGH have started a program to ensure that staff in all positions are trained in key components to drive a Culture of Excellence. A Culture of Excellence exists when staff are engaged - in partnership with patients and families – with ongoing performance improvement and patient safety initiatives that achieve excellence in communication, patient-centered care, operational efficiency, and quality patient care. Last week, stakeholders from across COPC and SFGH convened to pilot the curriculum prior to the June 2012 rollout across DPH.

Milestones related to organizational excellence, patient centered care, customer service and performance improvement are included in SFGH's 1115 Medicaid Waiver with the state of California, under the CMS Incentive. A listing of Milestones is attached.

SFGH has completed a Request for Proposal (RFP) process and have selected Enspiron to lead this effort. We will be presenting the contract to the Health Commission Finance Committee for approval on April 17, and to the full Health Commission on May 1, 2012.

2. HEI Training: LGBT Patient Centered Care

As part of our continuing effort to eliminate health disparities and discrimination, many members of our hospital senior leadership have taken, or is scheduled to take, a webinar training in Lesbian, Gay, Bisexual, and Transgender (LGBT) Patient Centered Care. The training is led by LGBT health expert Shane Snowdow, who is the Founding Director of the Center for LGBT Health and Equity at UCSF.

In the training, Shane Snowdow describes the health disparities and inequities LGBT patients face. She describes what healthcare facilities can do to provide equitable, inclusive, knowledgeable care to LGBT

patients. SFGH will be reviewing its policies, data collection practices, and staff training to identify opportunities for improving services to the LGBT community.

3. SFGH Rehabilitation Services Department Update

Rehabilitation service (physical therapy, occupational therapy, speech therapy) is an important component of regaining health for a significant number of our patients. Concerns were expressed regarding missed appointments due to unavailability of staff. We have looked at this issue and found for the month of February 2012: 275 individual inpatients were seen and 772 treatments performed. We found 61 missed appointments due to unavailability of Rehabilitation Services staff.

The Rehabilitation Services Department is developing a plan that will:

- Flex staff from outpatient to inpatient as needed
- Increase registry support from 6 to 7. The department is in the process of securing an additional registry therapist.
- Increasing as-needed employees' salaries. A request has been submitted to Human Resources to increase "as needed" salaries.
- Weekend Staffing will be increased from 0.8 FTE to 1.2 FTE in order to minimize lost visits over the weekend.
- 3 PT applicants are in the process of being hired. Start dates are expected to occur between April and June. One PT supervisor position is in the process of being advertised.
- The Department will track inappropriate and long term care patients' orders and treatments in acute care. The Rehabilitation Director will continue to attend Lower of Level Care meetings to address any rehabilitation related issues. The department will continue to educate medical staff about appropriate orders.

4. Patient Flow Reports for March 2012

A series of charts depicting changes in the average daily census is attached to the minutes of the April 10, 2012 JCC Open session.

Medical/Surgical

Average Daily Census was 225.7, which is 7% over the number of budgeted beds and 93% of physical capacity of the hospital. 6% of the Medical/Surgical days were lower level of care and 12% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, excluding 7L, was 54.1, which is 86% of budget and 85% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.8, which is 83% of budget (n=7) and 49% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of January 2012, shows 78% non-acute days (23% lower level of care and 55% non-reimbursed). This data is based on discharges, and do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 25.3, which is 10% under our budgeted beds and 16% under physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 102.3, which is 4% below both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 99% of budgeted beds and physical capacity.

Commissioner Comments/Follow-Up:

Commissioner Chow asked how the impending Affordable Care Act (ACA) decision will impact the DPH contract with Enspiron. Ms. Currin stated that the contracted services are directly related to the ACA ruling but the service will also help SFGH achieve important HCAHPS score improvements.

6) PATIENT CARE SERVICES REPORT

Sharon McCole Wicher, Chief Nursing Officer, gave the report.

March 2012 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 2.1%
Staffing Ratio- March 2012- All shifts were covered.

Professional Nursing Practice- March 2012

Recruitment and Training

The medical-surgical training program classes concluded on Friday March 3. Critical care and the emergency department programs are in process.

Retention/Professional Development: A Positive Conversations class was conducted on March 28 for the Utilization Review Department.

San Francisco State University is interested in convening a second RN to BSN cohort at SFGH to begin in the fall of 2012. An informational session will be held on April 17 for all interested SFGH RNs. Classes will be held on the SFGH campus. The program can be completed in 3 semesters.

Preparations are underway for Nurse Week events throughout DPH which will be held May 6 through 12. The DPH wide Nurse's week event will be held at SFGH on Thursday May 12. Dr. Gregory Crow is the keynote speaker. His presentation will be followed by a reception in the SFGH cafeteria honoring all DPH nurses.

Nursing Excellence:

A shared governance task force under the auspices of the Professional Development Council is seeking feedback and planning the roll-out of the SFGH Nursing Professional Practice Model (PPM). Defined as the structure, process and value system, a PPM is the schematic description of how nurses practice, collaborate and develop professionally to provide the highest quality care. (Hoffart N, Woods CQ, "Elements of a nursing professional practice model" J Prof Nurs. 1996 Nov-Dec; 12(6):354-64). Distinct from the care delivery systems (critical care, primary care and case management etc.), the model provides a foundation for professional nursing practice which is consistent in every patient care area of SFGH. Over the next month the model and roll-out plan will be refined.

Nursing Grand Rounds

The second SFGH Nursing Grand Rounds will be held on May 9 with Dr. Laura Mahlmeister presenting on Nursing Documentation: Legal Accountability.

1. ED Report – March 2012

The Emergency Department had a Diversion rate total of 19% (143 hours) for the month of March 2012. The ED encounters for the month of February totaled 5078 patients, 942 of those were admissions.

2. PES Report – March 2012

PES had 477 patient encounters during February 2012 and 518 in March 2012. PES admitted a total of 115 patients to SFGH inpatient psychiatric units in March 2012, an increase from 110 patient admissions in February. In March a total of 403 patients were discharged from PES: 37 to ADUs, 15 to other psychiatric hospitals, and 351 to community/home.

There was an increase in Condition Red hours from February to March. PES was on Condition Red for 242.2 hours during 20 episodes in March. The average length of Condition Red was 12.12 hours. In February, PES was on condition Red for 106.5 hours, during 17 episodes, averaging 6.27 hours.

The average length of stay in PES was 25.85 hours in the month of March, an increase from 23.91 hours in February 2012.

Request for Inter-Facility Transfer to PES from other Hospitals: Report for March 2012

PES is working to improve the timeliness of transfers to PES. The following changes are being made:

- The PES Inter-Facility Transfer Request Log has been revised to collect more relevant information
- Additional fields include:
 - Is PES on Condition Red
 - Documentation of time between request and acceptance and arrival at PES
 - Reasons why transfers are denied
 - Disposition of patients
- The revised log will be implemented immediately

Based on information from the existing log, 45% of approved transfer requests do arrive at PES. Over the next few months, data collection will be improved in order to provide a more detailed and complete report of inter-facility transfer activities.

7) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

LEADERSHIP/ACHIEVEMENTS/MEDIA

- HealthShare Bay Area (HIE) – Dr. David Lown, Medical Director of the San Francisco Community Consortium Clinic, gave a presentation about a citywide initiative, “HealthShare Bay Area”, the local health information exchange between providers of care in the San Francisco Bay Area. Dr. Lown informed members that HSBA is a secure, controlled, and interoperable method for exchanging patient health information. Dr. Lown stated that MOUs are being signed, participating organizations are sending in seed money, vendor contract negotiations are being finalized, and implementation is targeted in the next few months. SFDPH has already committed its participation, and has already budgeted for HealthShare costs.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

- Family and Community Medicine Annual Report – Teresa Villela, MD, Chief
The report provided updates on the following: (Within each Service, Dr. Villela included updates on scope of services, faculty and staff, volume statistics, and PIPS Projects).

- Hospital Based Clinical Services – Skilled Nursing Facility, Prenatal Partnership Program, and Family Medicine Inpatient Service
- Ambulatory Clinical Services – Family Health Center, Urgent Care Center
- Educational Programs
- Research and Scholarships
- Financial Reports

Dr. Villela pointed out that the Service's strengths are on its people (Diverse and mission driven staff, faculty members, and residents, in addition to engaged clinic patients, especially with their patients' involvement in the Service's Patient Advisory Councils), and its leadership (medical directors, team leads, faculty members). Challenges include limitations of physical environment, communication issues, and the balancing of ambulatory care and inpatient education.

The UCSF Family and Community Medicine Residency Program at San Francisco General Hospital celebrated 40 years with a symposium, gala dinner and fundraising campaign on March 24, 2012.

- FCM SERVICE RULES AND REGULATIONS – Deferred

- PEDIATRIC SERVICE RULES AND REGULATIONS

Revision includes language to add an Associate Chief of Service:

- a. Appointment of the Associate Chief of Service is the prerogative of the Chief of Service.
- b. Responsibilities (Attachment B): The Associate Chief of Service assumes primary responsibility for Pediatric quality and compliance issues and assists the Chief of Service with other issues, as requested.

Action Taken: The Pediatric Service Rules and Regulations were unanimously approved.

8) QUALITY COUNCIL MARCH 2012 REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Waters asked the definitions of the terms MERP and MUS which are included in the Report. Ms. Schwartz stated that MERP is a Medication Error Reduction Plan and MUS is the Medication Use Substance Abuse Committee.

Action Taken: The Committee approved the March 2012 Report.

9) PUBLIC COMMENT

There was no general public comment.

10) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF MARCH 13, 2012

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) **Reconvene in Open Session**

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee approved the minutes of the March 13, 2012 SFGH JCC Closed session and the April, 2012 Credentialing Report and voted not to disclose discussions held in closed session.

11) **ADJOURNMENT**

The meeting was adjourned at 5:29pm.

Sonia E. Melara, MSW
President

Margine A. Sako
Vice President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Edwin M. Lee, Mayor

Department of Public Health



Barbara A. Garcia,
Director of Health

Mark Morewitz, MSW
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, May 8, 2012
3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair
Commissioner Cecilia Chung
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

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1) CALL TO ORDER

2) PROPOSED ACTION:

APPROVAL OF THE MINUTES OF THE APRIL 10, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

**Minutes of the meeting of April 10, 2012*

3) FOR DISCUSSION AND POSSIBLE ACTION:

COMPLIANCE UPDATE
(Yvonne Lowe)
**Report*

4) FOR DISCUSSION AND POSSIBLE ACTION:

FACILITY UPDATE
(Kathryn Jung)
**Report*

5) FOR DISCUSSION AND POSSIBLE ACTION:

HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGH)
(Susan A. Currin, Chief Executive Officer)
**Report*

- 6) FOR DISCUSSION AND POSSIBLE ACTION: PATIENT CARE SERVICES REPORT
(Sharon McCole Wicher, Chief Nursing Officer)
**Report*
- 7) FOR DISCUSSION AND POSSIBLE ACTION: MEDICAL STAFF REPORT
(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 8) FOR DISCUSSION AND POSSIBLE ACTION: QUALITY COUNCIL REPORT
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of April 17, 2012 Meeting*
- 9) PUBLIC COMMENT**
- 10) CLOSED SESSION:

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF APRIL 10, 2012

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

10) ADJOURNMENT

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- ** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.
- *** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines *#9 San Bruno*, *#9X San Bruno Express*, *#19 Polk* (stops 2 blocks away), *#33 Stanyan*, and *#48 Quintara-24th St.* For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, May 8, 2012 3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Cecilia Chung
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

Staff: Sue Carlisle, Iman Nazeeri-Simmons, Sharon McCole Wicher, Todd May M.D., Troy Williams, Kathy Murphy, Yvonne Lowe, Valerie Inouye, Dan Schwager, Jeff Critchfield M.D., Shannon Thyne M.D., Shermineh Jaferieh, Sue Schwartz, Dave Woods, Kathy Jung, Anson moon, Micha Hoy, Eric Kondo, Maxwell Bunuan, Mark Morewitz

The meeting was called to order at 3:02pm.

2) APPROVAL OF THE MINUTES OF THE APRIL 10, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the April 10, 2012 SFGH JCC were unanimously approved.

3) COMPLIANCE UPDATE

Yvonne Lowe, SFGH Compliance Officer, gave the presentation.

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Commissioner Comments/Follow-Up:

Commissioner Sanchez asked how SFGH compares with national data. Ms. Lowe stated that the report was for short-stays for which there is no comparison data.

Commissioner Chow asked what percentage of errors involved medical necessity versus coding accuracy. Ms. Lowe stated that 60% of the errors related to medical necessity; of the 40% that involved coding, 60% were actual coding and 40% were related to documentation.

Commissioner Chung asked what percentage of the total errors were due to physician documentation errors. Ms. Lowe stated that approximately 15% of the total errors were related to physician documentation.

Commissioner Chow stated that it seems at times some attending physicians may think a patient is admitted but the hospital has actually classified the patient as being in observation. This discrepancy between the chart and billing information raises red flags during audits.

Dr. May stated that traditionally hospitals have observation units as part of the emergency departments. However, because of space issues, SFGH often moves patients in observation status into inpatient rooms; these patients are managed by staff working in inpatient units. He added that SFGH plans to eventually develop an observation unit at Ward 4c.

Commissioner Chung asked if the new electronic medical record systems will notify providers if they have not entered all the required information. Ms. Nazeeri-Simmons stated that two registered nurses will function as a bridge between coding experts and medical staff. This model has been shown to be effective for ongoing culture change and staff learning.

Commissioner Chow asked if SFGH will have to pay back or be financially penalized by Medicare. Ms. Murphy stated that SFGH is liable to pay back Medicare for those patients where there were errors; there will also be penalties associated with the errors. She added that Medicare patients make up only a small portion of the SFGH patient population. However, MediCal will be following the same procedures and the current situation gives SFGH an opportunity to learn and make necessary changes.

Commissioner Chow asked for an update on this topic in approximately 6 months.

4) FACILITY UPDATE

Kathryn Jung, SFGH Facilities and Support Services, gave the presentation.

Commissioner Comments:

Commissioner Waters asked if there is data showing the impact of the elevator response-time to critical care teams. Ms. Jung stated that there has not yet been an incident but it could happen because the elevators do not work 30% of the time.

Commissioner Chow stated that the 5 Year Budget Subcommittee should review the presentation as it considers planning for a long term DPH budget.

5) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report which states the activities and operations of SFGH.

Sepsis Simulation Bus

During the week of April 23 to 27, a large bus parked in the Avon Center parking area, provided simulation on early detection and treatment of sepsis. 78 nurses, physicians, pharmacists, and Respiratory Therapists participated in the training. With the support of BEACON – Patient Safety First, we were offered this opportunity through an Anthem Blue Cross grant.

Sepsis kills an estimated 750,000 people every year, and with early detection and evidence based practices, this mortality rate could be significantly reduced. Simulation establishes a learning environment where mistakes can be made and learned from. The nurses and physicians from the Emergency Department, Medical/Surgical Acute Care, Intensive Care Units, and the Medical Emergency Response Team, who took part in the simulation, took precious knowledge and experience back to the bedside. They learned that administering an antibiotic alone is not enough; the source of infection must also be addressed. They learned to identify sepsis, severe sepsis and septic shock in a timely manner, to begin treatment sooner. They are empowered with knowledge that boosted their confidence to challenge the physician if they don't respond to their requests.

1. San Francisco Health Plan: 2012 HEDIS Gold Quality Award for Care

I am pleased to announce that for the fifth year in a row, San Francisco Health Plan is the recipient of the 2012 HEDIS (Healthcare Effectiveness Data and Information Set) Gold Quality Award for Care from the Department of Health Care Services. The Health Plan was the only one out of 21 Managed Care plans that achieved HEDIS scores in the 90th percentile in 14 out of 21 measures.

HEDIS is a national set of measures for clinical care delivered to health plan members. Examples are the percentage of children who received all recommended immunizations by the age of two, and the percentage of women within the recommended age range who have received a mammogram screening for breast cancer.

2. Colin Partridge recipient of the 2012 Pathways to Discovery Mentorship Award

I am proud to announce that Dr. Colin Partridge, Department of Pediatrics, was selected as the recipient of the 2012 Pathways to Discovery Mentorship Award. Dr. Partridge is being recognized for his "lasting contributions made to his professional and to the personal development of those he had mentored.

3. Michael Texada honored by District Attorney George Gascon

Michael Texada, Case Manager and Community Liaison for the Wraparound Project for over 7 years, was honored by District Attorney George Gascon on April 25. DA Gascon presented Mike with the Justice Award for his longstanding dedication to violently injured individuals he sees through the Wraparound Project. His exemplary work has ushered dozens and dozens of individuals into a better life.

Mike grew up in the projects in the Western Addition of our city and after losing several family members to violence, devoted his life's work to having an impact on this epidemic. He worked for

the juvenile justice system and Brothers Against Guns, a community based organization, before we were lucky enough to recruit him to Wraparound.

4. Patient Flow Reports for April 2012

A series of charts depicting changes in the average daily census is attached.

Medical/Surgical

Average Daily Census was 221.1, which is 5% over the number of budgeted beds and 91% of physical capacity of the hospital. 10% of the Medical/Surgical days were lower level of care and 7% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, excluding 7L, was 54.6, which is 87% of budget and 85% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.9, which is 84% of budget (n=7) and 49% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of February 2012, shows 77% non-acute days (23% lower level of care and 54% non-reimbursed). This data is based on discharges, and do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 23.0, which is 18% under our budgeted beds and 23% under physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 103.1, which is 3% below both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 99% of budgeted beds and physical capacity.

Commissioner Comments/Follow-Up:

Commissioner Waters asked the mortality rate from sepsis. Ms. Nazeeri-Simmons stated that the rate is approximately 20% but that data is still being cleaned; a report on this issue will be given to the JCC at a future meeting.

Commissioner Waters asked if wellness classes are open to the public. Ms. Jaferieh stated that SFGH Wellness Center classes are open to the public.

Commissioner Waters stated that she discussed the lack of effective patient flow and how it impacts the budget with Director Garcia. Dr. May stated that this continues to be an issue that is discussed on an ongoing basis with Director Garcia, the IDS committee and at the SFGH JCC. Commissioner Chow asked for a report on this issue at a future meeting.

6) PATIENT CARE SERVICES REPORT

Sharon McCole Wicher, Chief Nursing Officer, gave the report.

April 2012 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 2.5% Staffing Ratio- May 2012: all shifts were covered.

Recruitment and Training

Retention/Professional Development: A Charge RN class will be offered to 90 SFGH Charge Nurses in June. The Professional Development Council is collaborating with Jewish Vocational Services (JVS) to facilitate the class which will focus on leadership style, conflict resolution and communication in the Charge RN role. An instructor from JVS will co-teach the class with a Nurse Manager and expert Charge RN. If successful, additional classes may be offered in late 2012.

The DPH Nurse's Week event will be held on May 10 and will honor DPH Nurses at a reception which will include presentation of the O'Connell Society award, the DPH Clinical Leadership award, the Public Health Nursing award, the SFGH Friend of Nursing award, and the SFGH DAISY awards.

Nursing Excellence: To strengthen the shared governance process at SFGH, a facilitation skills class will be offered to Nursing Shared Governance council members in June. This class will be collaboration with JVS and will be taught by JVS instructor, Mark Guterman.

ED Report – April 2012

The Emergency Department had a Diversion rate total of 17% (119 hours) for the month of April 2012. The ED encounters for the month of April totaled 5175 patients, 867 of those were admissions.

PES Report – April 2012

PES had 518 patient encounters during March 2012 and 488 in April 2012. PES admitted a total of 113 patients to SFGH inpatient psychiatric units in April 2012, a decrease from 115 patient admissions in March. In April a total of 375 patients were discharged from PES: 23 to ADUs, 24 to other psychiatric hospitals, and 328 to community/home.

There was an increase in Condition Red hours from March to April. PES was on Condition Red for 248.9 hours during 24 episodes in April. The average length of Condition Red was 10.37 hours. In March, PES was on condition Red for 242.2 hours, during 20 episodes, averaging 12.12 hours.

The average length of stay in PES was 26.89 hours in the month of April, an increase from 25.85 hours in March 2012.

Commissioner Comments/Follow-Up:

Commissioner Waters asked for clarification on the reasons why data shows the highest condition red in approximately two years. Ms. McCole Wicher stated that the issue is the lack of movement of patients; she added that the psychiatric team meets every morning to discuss if it is possible to move patients and/or discharge them.

7) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

LEADERSHIP/ACHIEVEMENTS/MEDIA

2012 SFGH Medical Staff Dinner - The 2012 SFGH Medical Staff Dinner will be held on Thursday, May 31, 2012, 6:00 PM. The Dr. Julius R. Krevans Awards will also be held earlier on the same day. These awards are given each year to outstanding House Officers at SFGH in honor of Dr. Krevans, who was an outstanding clinician and researcher at SFGH.

ADMINISTRATION/REGULATORY/COMPLIANCE

New Quality Improvement Programs Discussed with MEC Members:

- Lean Management - Urgent Care and General Surgery will begin participation in the LEAN Management program over the summer, joining hospital administration in a focused effort to improve operations and patient care in these settings.
- Service Excellence Initiative - The hospital wide roll-out of the "Service Excellence Initiative" is forthcoming. The program is aimed at engaging staff at all levels in improving the hospital's approach to the service of patients.
- Data Management Center - The Data Center at SFGH is designed to coordinate data collection and management.
- Learning Center - Targeted to open in late April, the Center will offer an array of educational and training opportunities, including classrooms/meeting rooms, simulation training, computer lab, and audiovisual equipment.

CPOE Roll out Update

Dr. Jenson Wong gave an overview of Computerized Order Entry (IT priorities, ongoing work, roll out schedule), and discussed the advantages and challenges of its implementation.

CareLinkSF at SFGH

Dr. Neda Ratanawongsa (Medicine Service) provided an overview and roll-out schedule of the new outpatient Electronic Record System, CareLinkSF. This system will enhance the communication within and across the clinics, facilitate patient and clinician/staff education, and simplify work through elimination of paper forms, use of order sets, result tracking and QI initiative.

ECMO for Adult Respiratory Support Guidelines

MEC members expressed support to the adoption of the updated ECMO for Adult Respiratory Support Guidelines, as presented by Dr. Andre Campbell, Chair, Critical Care Committee. The guidelines state current indications and contraindications for ECMO support of adult respiratory patients. Members commended Dr. Campbell's work on developing a standardized approach to the use of ECMO therapy at SFGH.

Medication Error Report Plan (MERP) - Annual Review

Dr. David Woods presented to MEC the required annual review of the 2011 MERP Plan, and the summary of new or significant elements in the areas of prescribing, prescription order communication, compounding, dispensing, administration, education, monitoring and Use. Dr. Woods informed members that a MERP subcommittee of the P&T Committee has been created to look at medication errors on a monthly basis, and recommend plan revisions as needed.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

Otolaryngology- Andrew Murr, MD, Chief

The report included updates and highlights on:

- Faculty and Staff
- Departmental Structure
- Scope of Service
- Volume Statistics
- OHNS Residency at SFGH

- Performance Improvement Projects
- Clinical Research Unit

Members commended Dr. Murr's excellent report, and the outstanding services provided by the SFGH Otolaryngology Service. Members also congratulated Dr. Murr on his appointment as Interim Department Chair of the UCSF Otolaryngology Department.

Otolaryngology Rules and Regulations: No changes.

8) QUALITY COUNCIL REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Sanchez asked whether the three new outpatient dialysis chairs were new or replacements for existing chairs. Ms. Schwartz stated that the new chairs were replacements for existing chairs that had worn out.

Commissioner Chow asked why some patients of the outpatient dialysis center would not sign patient service agreements. Ms. Schwartz stated that some long-term patients do not want to leave the SFGH outpatient dialysis center.

Action Taken: The May, 2012 Quality Council Report was unanimously approved.

9) PUBLIC COMMENT

There was no public comment.

10) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF APRIL 10, 2012

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee approved the Credentials Report and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

10) **ADJOURNMENT**

The meeting was adjourned at 5:26pm.

Sonia E. Melara, MSW
President

Margine A. Sako
Vice President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, June 12, 2012
3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

1) CALL TO ORDER

2) PROPOSED ACTION:

APPROVAL OF THE MINUTES OF THE MAY 8, 2012
SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING

**Minutes of the meeting of May 8, 2012*

3) FOR DISCUSSION AND
POSSIBLE ACTION:

LEARNING CENTER UPDATE

(Thomas Holton)

**Report*

5) FOR DISCUSSION AND
POSSIBLE ACTION:

SFGH REBUILD UPDATE

(Terry Saltz, Mark Primeau, Ron Alameida)

**Report*

6) FOR DISCUSSION AND
POSSIBLE ACTION:

RESOLUTION REGARD USE OF INTEGRATED
PROJECT DELIVERY METHOD

(Kathryn Jung)

- 7) FOR DISCUSSION AND APPROVAL: QUALITY MEASURES REPORT AND PATIENT EXPERIENCE UPDATE
(Sue Schwartz)
- 8) FOR DISCUSSION AND POSSIBLE ACTION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGH)
(Susan A. Currin, Chief Executive Officer)
**Report*
- 9) FOR DISCUSSION AND POSSIBLE ACTION: PATIENT CARE SERVICES REPORT
(Sharon McCole Wicher, Chief Nursing Officer)
**Report*
- 10) FOR DISCUSSION AND POSSIBLE ACTION: MEDICAL STAFF REPORT
(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 11) FOR DISCUSSION AND POSSIBLE ACTION: QUALITY COUNCIL REPORT
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of May 15, 2012 Meeting*
- 9) PUBLIC COMMENT**
- 10) CLOSED SESSION:
- FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF MAY 8, 2012
- FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(Shannon Thyne, M.D., Chief of Staff)
- FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

10) ADJOURNMENT

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

**** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

***** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.**

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines *#9 San Bruno*, *#9X San Bruno Express*, *#19 Polk* (stops 2 blocks away), *#33 Stanyan*, and *#48 Quintara-24th St*. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA

94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org
Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing
Chapter 67 of the San Francisco Administrative Code on the Internet, at
<http://www.sfgov.org/sunshine.htm>.

Sonia E. Melara, MSW
President

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, June 12, 2012, 3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

Staff: Sue Currin, Sue Carlisle M.D., Iman Nazeeri-Simmons, Tom Holton, Sharon McCole-Wicher, Valerie Inouye, Kathy Jung, Anson Moon, Todd May M.D., Troy Williams, Sue Schwartz, Jessica Morton, Shermineh Jafarieh, Ron Alameida, Rachael Kagan, Terry Saltz, Arla Escontrias, Eric Kondo, Micha Hoy, Mark Dorian, Richard Gee, Danielle Modea, William Huen M.D., Jeff Critchfield M.D.

The meeting was called to order at 3:09pm.

2) APPROVAL OF THE MINUTES OF THE MAY 8, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the May 8, 2012 SFGH JCC were unanimously approved.

3) LEARNING CENTER UPDATE

Thomas Holton RN MS, Director of Education and Training, gave the members of the SFGH JCC a tour of the new Learning Center.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that he is impressed with the anesthesia simulations and congratulated Ms. Currin and Dr. Carlisle for having the Learning Center named in their honor.

Commissioner Waters stated that she appreciated the interdisciplinary model of the Learning Center.

4) SFGH REBUILD UPDATE

Terry Saltz, SFGH Rebuild Program Director, and Ron Alameida, DPW, gave the update presentation. Mr. Alameda stated that he had just come from a meeting at the Board of Supervisors to discuss an advance bond sale scheduled for August.

Mr. Saltz stated that the budget for the reuse of the existing hospital buildings is being developed with a consultant and will be reported back to the SFGH JCC at a later time.

Rachael Kagan, Director of SFGH Communications, stated that the goal for the “Topping Out” ceremony was to be inclusive and to thank the neighbors and community. The goal for the “Beam Signing” event was to help the SFGH Foundation boost fundraising for the furniture, fixtures and equipment (FFE).

Commissioner Comments/Follow-Up:

Commissioner Chow requested the total amount of funds necessary for the FFE, in addition to the transition plan budget.

Commissioner Sanchez stated the “Topping Out” ceremony was exceptional and highlighted the importance of SFGH to the community.

5) RESOLUTION REGARD USE OF INTEGRATED PROJECT DELIVERY METHOD

Kathryn Jung, Associate Administrator, stated that the Building Design and Construction Bureau recommended that the integrated project delivery method be used for the Building 5 Accessibility Compliance Improvement Projects. She added that the Mayor’s Office on Disability also recommended the method.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if this method will impact cost. Mark Dorian, Building Design and Construction Bureau, stated that the method brings a higher level of efficiency to a project and will not add to the cost of the project. It simplifies contracting by contracting with a contractor who then subcontracts other services using a set schedule.

Action Taken: The SFGH JCC voted to recommend that the resolution be approved by the full Health Commission on its consent calendar.

6) QUALITY MEASURES REPORT AND PATIENT EXPERIENCE UPDATE

Sue Schwartz, Director of Performance Improvement, gave the report, including updated data trends on Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) patient experience scores by racial groups.

Commissioner Comments/ Follow-Up:

Commissioner Waters asked what initiatives SFGH is taking to decrease disparities in pain control. Ms. Currin stated that the SFGH Pain Committee has been discussing this issue. Commissioner Waters encouraged the SFGH staff to review the Healthy People 2020 Initiative's pain objectives and the Institute of Medicine's report on resources on this issue.

Commissioner Chow suggested establishing benchmarks regarding pain management. Ms. Nazeeri-Simmons stated that the Pain Management Committee is working on a more in-depth survey as part of their study of this issue.

Commissioner Chow suggested that SFGH work with the San Francisco Health Plan on this issue; he also questioned whether the HCAHPS survey instrument being used is appropriate for a safety-net population. Ms. Currin stated that it may be useful to bring this issue to the Hospital Council.

Commissioner Waters asked if hospitals have input into criteria set by HCSHPS. Ms. Nazeeri-Simmons stated that if evidence shows culturally biased data, CMS may consider making a change to the survey instrument.

7) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report which states the activities and operations of SFGH.

Program Updates:

1. Beam Signing and Topping Out Ceremony for SFGH Rebuild

San Francisco General Hospital held a final beam signing event last Monday. It was estimated that 1,500 staff and community members signed the beam. The beam was installed the next day in the Topping Out Ceremony, which was attended by the Mayor, members of the Board of Supervisors, members of the Health Commission, staff and community residents.

2. Mariela Castro Was a Panel Member at San Francisco General Hospital

Cuba's First Daughter, Mariela Castro, was a member of a panel on health care for transgender patients at San Francisco General. Ms. Castro is the director of the Cuban National Center for Sex Education in Havana and has campaigned for the legalization of same-sex marriage in Cuba. Her visit sparked criticisms nationally regarding her being granted a visa, but no protesters or critics showed up at the conference.

3. Opening of the Learning Center

I am proud to announce that we opened the Learning Center at San Francisco General. The Mission of the Learning Center is "to provide a supportive and enriching learning environment to serve our SFGH Community". The design is quite functional and aesthetically pleasing. It will serve the SFGH Community well for years to come.

4. Tentative Agreement on Nursing Contract

A tentative agreement has been reached with the staff nurses union. This is the last of 25 contracts with various employee unions that the City reached an agreement. Much thanks to Michael

Brown, Terry Dentoni, Sharon McCole-Wicher, Nela Ponferrada, and the other members of the SFGH negotiation team.

5. SFGH Second Place Winner of SNI Experience Innovator Award

In June 2011, SFGH, in partnership with the Safety Net Institute (SNI) and ExperiaHealth, launched the Patient Experience Transformation (PEXT) Initiative aiming to create consistently positive experiences for patients, families, and employees. The PEXT Initiative has been a collaborative with leaders and staff from California Public Hospital Systems. The SFGH PEXT team focused on improving the experiences for patients, families, and employees in the Urgent Care Center (UCC), by addressing "first impressions" of those entering the UCC.

The project engaged patients, family and staff in the improvement process by asking about their experiences via surveys and focus groups. The experience gaps identified were then brought back to our patients and staff to develop solutions to address each gap. Our gaps were: Patient Way Finding, Relationship Building with Patients, Communication with Patients, Communication within DPH, and Physical Environment. The corresponding solutions were: Patient Ambassador Program in UCC (main lobby, outpatient lobby, mobile), Instilling 'Always' Events in UCC Staff Culture (always make the patient feel welcomed, always provide the patient with information), Pharmacy "Hotline," and Patient Signage To, From, and Within UCC.

6. Patient Flow Reports for May 2012

A series of charts depicting changes in the average daily census is attached to the minutes of the meeting.

Medical/Surgical

Average Daily Census was 217.0, which is 3% over the number of budgeted beds and 89% of physical capacity of the hospital. 9% of the Medical/Surgical days were lower level of care and 5% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, **excluding 7L**, was 54.1, which is 86% of budget and 85% of physical capacity (7A, 7B, 7C). ADC for 7L was 4.0, which is 57% of budget (n=7) and 33% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of April 2012, shows 81% non-acute days (27% lower level of care and 54% non-reimbursed). This data is based on discharges, and do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 14.0, which is 50% under our budgeted beds and 47% of physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 103.7, which is 2% below both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 99% of budgeted beds and physical capacity.

Commissioner Comments/ Follow-Up:

Commissioner Chow asked for more information on the low usage of the skilled nursing unit. Ms. Currin stated that the 4A Unit is a short-term skilled nursing facility (SNF) placement; patients in the unit longer than eight weeks are transferred to Laguna Honda Hospital. In addition, Walgreens will begin offering onsite infusion therapy and self service infusion therapy options for some medications. These options limit the need for use of SNF beds.

Ms. Currin also stated that a recent CMS survey has challenged the SFGH use of screens in the SNF double-occupancy rooms and has required use of specialized curtains which require extensive installation costs. In addition, the surveyors found that the amount of available square footage in the SNF rooms do not meet CMS standards.

8) PATIENT CARE SERVICES REPORT

Sharon McCole Wicher, Chief Nursing Officer, gave the report.

May 2012 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 2.7%

Staffing Ratio- May 2012: all shifts were covered.

Professional Nursing Practice – May 2012

Recruitment and Training

Retention/Professional Development:

The DPH Nurses' Week reception was held on May 10. Awards were presented to Nurses from throughout DPH. The O'Connell Award was presented to Joan Brosnan staff nurse at Tom Waddell Health Center, Charge Nurse for 3 HIV clinics and a certified AIDS nurse. Ms. Brosnan was recognized for excellence in direct care delivery and exceptional leadership as well as advocacy for patients and the health of the public. Joan was instrumental in a Prevention with Positives grant to intensively outreach potentially risky and at-risk populations for HIV.

The SFGH Friend of Nursing Award was presented to Dr. Gregory Crow, RN. Dr. Crow provided consultation to the team of SFGH nurses that designed the model for nursing shared governance. Dr. Crow lead the team to the creation of a shared governance model. He has helped both nursing staff and nursing administrators learn how to lead in a truly "shared" manner. He has been instrumental in supporting the journey of nursing shared governance for SFGH.

The DAISY Award was presented to Kate Matthews of Unit 4B and Miriam McGuinness of Methadone Clinic.

The DPH Clinical Leadership Awards were presented for outstanding nursing performance improvement and evidence based practice projects which demonstrated an impact on nursing practice, clinical outcomes, the work environment, or fiscal outcomes. Three outstanding projects were recognized:

James Alonso from SFGH Critical Care Unit 5E completed an EBP Fellowship which resulted in the *Early Mobility in the ICU* project. This project improved patient outcomes by preventing deconditioning associated with immobility (including decreasing co-morbidities, length of

ICU/hospital stay and patient mortality). James' work inspired the Early Mobility Program currently underway in 5E/R.

Jerry Padilla from the SFGH PACU was recognized for his project which provided an educational program to the RN staff of the Women's Options Center (WOC) on short acting spinal anesthesia and the related nursing care. Jerry provided a peer education program which was successful in enhancing RN competency and satisfaction.

The Nursing Team from the **Opiate Treatment Outpatient Program**: Hasija Sisic, Miriam McGuinness, Claire Simeone, James Krackow, Lisa Torre-Igwe, Melvin Bettencourt, Glenna Walker and the late James Murray were recognized for the **Directly Administered Antiretroviral Therapy Project**. The project increased the likelihood that patients with HIV/AIDS can initiate and maintain adherence to a regimen of HIV medications. OTOP's nursing staff made this project work by creating a model for treating at risk HIV-infected persons by linking antiretroviral therapy to the valued daily treatment of methadone.

Nursing Excellence: A class on Leadership and Management Skills is being offered to 120 charge RNs during the month of June. The class has been developed in collaboration with Jewish Vocational Services.

1. ED Report – May 2012

The Emergency Department had a Diversion rate total of 21% (156 hours) for the month of May 2012. The ED encounters for the month of May totaled 5404 patients, 872 of those were admissions.

2. PES Report – May 2012

PES had 488 patient encounters during April 2012 and 516 in May 2012. PES admitted a total of 123 patients to SFGH inpatient psychiatric units in May 2012, an increase from 113 patient admissions in April. In May a total of 393 patients were discharged from PES: 29 to ADUs, 21 to other psychiatric hospitals, and 343 to community/home.

There was a decrease in Condition Red hours from April to May. PES was on Condition Red for 108.0 hours during 16 episodes in May. The average length of Condition Red was 6.75 hours. In April, PES was on condition Red for 248.9 hours, during 24 episodes, averaging 10.37 hours.

The average length of stay in PES was 21.90 hours in the month of May, a decrease from 26.89 hours in April.

9) MEDICAL STAFF REPORT

Todd May M.D., Chief Medical Officer, made the report on behalf of Dr. Thyne.

LEADERSHIP/ACHIEVEMENTS/MEDIA

Mahesh Mankani, MD, SFGH Surgery Service - Dr. Mankani, Associate Professor in Plastic and Reconstructive Surgery, and a Principal Investigator at the UCSF Surgical Research Laboratory at SFH, passed away unexpectedly on 4/24/2012. MEC acknowledged that Dr. Mankani's sudden death is a big loss for the hospital, especially the SFGH Surgery Service.

SFGH GI Division – CBS Health Watch recently featured the SFGH GI Division in two segments about colon cancer screening and the SFGH Nurse Endoscopy Program.

Faculty and Staff Awards –

- UCSF Holly Smith Awards: The Holly Smith Award was established in 2000 to recognize exceptional career service that has resulted in broad and long-lasting benefit to the School of Medicine. For 2012, awardees include Dr. Molly Cooke for faculty award, and two SFGH based staff, Ms. Laurae Pearson (Division Administrator, SFGH Experimental Medicine) and Alicia Velazquez (SFGH Pediatrics).
- Terri Dentoni, RN – 2012 EMS (Emergency Medical Services) Hospital Provider Award
- 30th Annual UCSF Founders Day Award, April 27, 2012 – UCSF celebrated the extraordinary contributions of 11 members of the University community for their service at UCSF and beyond during the 30th annual Founders Day awards luncheon on April 27. Awardees include the following staff at SFGH:
 - Chancellor's Awards for Exceptional University Management to Mr. Tim Greer (Network Manager, SFGH Dean's Office) and Ms. Bonnie Johnson (Director of Administration, SFGH Medicine Service).
 - Chancellor's Award for Public Service to Dr. Kevin Grumbach, former SFGH FCM Service Chief,
- Colin Partridge, MD (SFGH Pediatric Service) – Pathways Outstanding Mentorship Award from the UCSF School of Medicine
- Andrew Murr, MD, Chief SFGH Otolaryngology – Dr. Murr has been inducted to the Golden Headed Cane Society.

ADMINISTRATION/REGULATORY/COMPLIANCE

Recent Privacy Breaches and Penalties

As part of a corrective action plan, Ms. Maggie Rykowski, SFGH Privacy Officer, discussed case reviews of incidents of SFGH/UCSF Privacy Breaches, including the actual payments made, and the anticipated total cost of administrative penalties to SFGH. Ms. Rykowski informed members that a Privacy Committee has been created to look at ways to improve the privacy protection, and ensure that everyone is aware and is compliant of the hospital's privacy policy. MEC members are urged to take immediate action in ensuring HIPAA compliance to avoid severe penalties and for the patient's best interest.

Strategic Plan Communication Strategy

Ms. Rachael Kagan, Chief Communication Officer, informed MEC about recent physician leadership meetings aimed at developing ways and tools to communicate the hospital's strategic plan to all faculty and staff. One of the recommended tools developed is a PPT strategic plan template, which the Service Chiefs can use during faculty/departmental meetings to deliver the plan to their respective staff. Service Chiefs can customize the template to reflect applicable department specific plans or activities that support the hospital's strategic plan. More tools will be forthcoming.

High Cost Medications for Outpatient Infusion – The P&T Committee brought to MEC's attention the challenges faced by the hospital in managing requests for high cost injectable medications and biological agents. These include the inability of the hospital to recuperate the costs of these expensive drugs due to the federal reimbursement designation of the clinic where the drugs are

administered, or due to insurance coverage denials. Ms. Valerie Inouye gave a historical background about FQHC designated clinics at SFGH, and explained potential financial implications to any change in the current set up, and recommended the hospital engage an attorney or other expert in FQHC services and reimbursement. Dr. Benowitz, Chair of the P&T Committee, pointed out that this type of issues will become increasingly severe as more specialized and high cost drugs become available.

“Resource Stewardship and Outpatient Parenteral Antimicrobial Treatment Guidelines”- MEC reviewed the proposed management guidelines, which are in line with the hospital’s efforts to have a more consistent and standardized approach in appropriately managing the use of antibiotics. MEC members fully endorsed the use of management guidelines in the efficient administration of antibiotics at SFGH. However, members requested further review of the guidelines presented for language clarifications.

Medical Staff Policy and Procedures – The proposed policies were approved by MEC:

- Extended Leave of Absence – Service Chiefs will be required to notify the Medical Staff Office of any extended absence from clinical activity for more than a four week period. It will also be the responsibility of the Chiefs to notify the Medical Staff Office of any leave of any duration that might affect the provider’s capacity of providing clinical care.
- Delegated Review – Chiefs of the Clinical Services are accountable for the appointment, reappointment, privileging, credentialing and OPPE of the members of their clinical service. Chiefs may delegate the responsibility of reviewing performance, but will be required to sign approval of all new appointments and reappointments. A Chief may only delegate the responsibility for appointment and reappointments to a member of the Active Medical Staff who has been designated as the Acting Service Chief while the Chief is out of town or is unavailable.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

Psychiatry Annual Report - James Dilley, MD, Chief

The report provided an overview of the following:

- SFGH Psychiatry Service Role in DPH/CBHS – The Service provides critical services to the City through its six Divisions: Acute and Emergency, Citywide Case Management, DSAAM (Division of Substance Abuse and Addiction Medicine), Infant Child & Adolescent, Alliance Health Project, and Psychosocial Medicine.
- Leadership
- Budget Overview
- Clinical Services
- Training – Psychiatry Residency Training Programs and the Psychology Training Programs.
- Research
- Challenges/Immediate Future - The Service will continue to search for the right blends of incentives and management strategies to improve patient flow and “acuity”, find new sources of funding, continue to improve/promote clinical research, and promote ECT and Vocational Rehab services.

Members applauded Dr. James Dilley for his excellent report, and commended his outstanding leadership and continuing efforts to improve administration and delivery of care in the Psychiatry Service, despite major funding cuts.

Psychiatry Service Clinical Rules and Regulations

Dr. Dilley presented the 2012 Psychiatry Clinical Service Rules and Regulations for annual review and approval. Changes include the following:

- Revisions in the Department Privileges to reflect current practice
- Specification of Ongoing Professional Practice Evaluation (OPPE)
- Specification of mandatory calls by residents to faculty back-up psychiatrists for supervision
- Simplification of previously overly-detailed descriptions of Performance Improvement and Patient Safety (PIPS) plan
- Simplification of clinical documentation requirements to accurately reflect current practice.

Revisions to the Psychiatry Service Clinical Rules and Regulations will be considered at the July 10, 2012 SFGH JCC meeting.

10) QUALITY COUNCIL REPORT

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if housing needs have changed. Ms. Currin stated that until recently it was thought that more SNF beds were needed but as the Placement team has done more education, they have found that more people actually need assisted living.

Commissioner Chow suggested that the old Laguna Honda Hospital buildings be considered for additional assisted living units.

Action Taken: The June, 2012 Quality Council Report was unanimously approved.

11) PUBLIC COMMENT

There was no public comment.

12) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF MAY 8, 2012

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee approved the Credentials Report and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

13) ADJOURNMENT

The meeting was adjourned at 5:12pm.

Sonia E. Melara, MSW
President

Margine A. Sako
Vice President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Edwin M. Lee, Mayor

Department of Public Health



Barbara A. Garcia,
Director of Health

Mark Morewitz, MSW
Executive Secretary

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Web Site: <http://www.sfdph.org>

AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, August 14, 2012
3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE JUNE 12, 2012
SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of June 12, 2012*
- 3) FOR DISCUSSION AND
POSSIBLE ACTION: PSYCHIATRY UPDATE
(Dr. James Dilley, Chief of Psychiatry)
**Report*
- 4) FOR DISCUSSION AND
POSSIBLE ACTION: CMS DSRIP UPDATE
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Report*
- 5) FOR DISCUSSION AND
POSSIBLE ACTION: AMENDMENT TO THE GOVERNING BODY BYLAWS
(Kathy Murphy, Deputy City Attorney)
**Report*

- 6) FOR DISCUSSION AND POSSIBLE ACTION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGH)
(Susan A. Currin, Chief Executive Officer)
**Report*
- 7) FOR DISCUSSION AND POSSIBLE ACTION: PATIENT CARE SERVICES REPORT
(Sharon McCole Wicher, Chief Nursing Officer)
**Report*
- 8) FOR DISCUSSION AND POSSIBLE ACTION: MEDICAL STAFF REPORT
(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 9) FOR DISCUSSION AND POSSIBLE ACTION: QUALITY COUNCIL REPORT
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of July 17, 2012 Meeting*
- 10) PUBLIC COMMENT**
- 11) CLOSED SESSION:
 - FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF JUNE 12, 2012
 - FOR ACTION: SETTLEMENT RECOMMENDED FOR CLASS ACTION LAWSUIT FOR "BALANCE BILLING"
(Kathy Murphy, Deputy City Attorney)
 - FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(Shannon Thyne, M.D., Chief of Staff)
 - FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

12) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

**** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

***** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.**

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines *#9 San Bruno*, *#9X San Bruno Express*, *#19 Polk* (stops 2 blocks away), *#33 Stanyan*, and *#48 Quintara-24th St.* For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to

Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org
Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

Sonia E. Melara, MSW
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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, August 14, 2012, 3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

Staff: Sue Carlisle M.D., Owen Clements, Jeff Critchfield M.D. Sue Currin, James Dille
M.D., Leslie Dubbin, Djalma Fonseca, Diana Guevara, Valerie Inouye, Shermineh
Jafarieh, Jasmeen Karan, Todd May M.D., Anson Moon, Kathy Murphy, Iman
Nazeeri-Simmons, Kimvan Nguyen, Roland Pickens, Baljeet Sangha, Dan Schwager,
Sue Schwartz, Shannon Thyne M.D., Troy Williams, David Woods

The meeting was called to order at 3:05pm.

2) APPROVAL OF THE MINUTES OF THE JUNE 12, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the June 12, 2012 SFGH JCC were unanimously approved.

3) PSYCHIATRY UPDATE

Dr. James Dille, Chief of Psychiatry, presented a summary report of the Department of Psychiatry.

It was noted that of the six divisions, three are under the CCSF-UCSF Affiliation Agreement: Acute and Emergency Services; Infant, Child and Adolescent Psychiatry; and Substance Abuse and Addiction Medicine.

Unit 7B and 7C are still licensed as acute units and staffing are flexed to meet the acuity of their patient population. The hospital is not reimbursed for non-acute patients.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that this was an excellent report.

Commissioner Chow commented on the cohorting of patients by acuity and the ability of the hospital to reduce staff cost when appropriate. Commissioner Chow asked whether this “model” can be replicated with the Medical-Surgical patients. Sue Currin, SFGH Chief Executive Officer, responded with a “no”, that there is not so much flexibility in the staff to patient ratio for medical-surgical patients.

Commissioner Chow asked whether the Cultural Focus Teams is implemented in Units 7B and 7C. Dr. Dilley responded with a “yes”. Once assigned to a Cultural Focus Team, the team members will follow the patient regardless of unit assignment.

Commissioner Waters asked what is the current average length of stay. The response from Dr. Dilley was “approximately 11 days”.

Commissioner Chow noted that the Alliance Health Project is not part of the Affiliation Agreement, how then is it related to SFGH? Dr. Dilley is the Director of the program and the program is a contract agency of Community Behavioral Health Services. There is no cost to the hospital.

Commissioner Chow asked whether the comparison of the assault rates included Unit 7L and why does the slide not include the overall United States rate. Dr. Dilley's response was that Unit 7L is included, and the slide does not include the United States because hospitals are not forthcoming with this information.

Commissioner Chow asked what some of the challenges faced by Psychiatry are and what are perceived solutions. Dr. Dilley emphasized that length of stays can be reduced only so much with the current situation of lack of placement availability. Shelters are usually “unfriendly” to psychiatric patients and one that focus its program to psychiatric patients would help immensely. Sue Currin commented that DPH is looking at the shelter system and attempting to identify one that would focus its services to mental health clients. A hurdle is that the shelter system is not under DPH. Commissioner Chow opined that the department should continue to look at this possibility.

4) CMS DSRIP UPDATE

Iman Nazeeri-Simmons, SFGH Chief Quality Officer, provided an update on the Centers for Medicare and Medicaid Services (CMS) Delivery System Reform Incentive Pool (DSRIP). DSRIP has four areas with specific milestones or deliverables. For FY 2011-2012, SFGH has achieved 100% of these milestones.

Commissioner Comments/Follow-Up:

Commissioner Chow asked how DSRIP is funded. Valerie Inouye, SFGH Chief Financial Officer stated that the City and County of San Francisco must commit 35 million dollars in order to draw

34 million dollars from DSRIP. The City will not receive all 34 million dollars unless it meets all of its milestones through 2014.

Commissioner Waters asked whether hospitals have submitted modifications to the DSRIP plan. Iman Nazeeri-Simmons responded with a "yes". FY2011-2012 is the first full year of the program.

Commissioner Chow asked whether CMS has any comments regarding SFGH's ability to meet 100% of its milestones. Iman Nazeeri-Simmons responded that CMS has questioned other hospitals about their goals but considered SFGH's milestones were considered reasonable and legitimate.

Shannon Thyne, Chief of Staff, asked whether the implementation of the outpatient electronic medical record will impact the hospital's ability to meet the milestones on expansion of medical homes and increase number of patients with a medical home. Iman Nazeeri-Simmons responded that many hospitals are facing the same situation (i.e., implementation of the electronic medical record requires staff learning new process and procedures and efficiency is temporarily decreased) and modification of the milestones may be considered.

5) AMENDMENT TO THE GOVERNING BODY BYLAWS

Kathy Murphy, Deputy City Attorney, presented proposed amendments to the Governing Body Bylaws.

Commissioner Comments/Follow-Up:

Commissioner Chow asked whether the amendments in any way change the role of the Joint Conference Committees. Kathy Murphy answered with a "no", and the role of the Joint Conference Committees are addressed in Section 2 of the Bylaws.

Commissioner Sanchez commented that in the past, there was vagueness regarding membership. This is a good and timely document.

Commissioner Chow asked if the other attorneys (i.e., City Attorney assigned to LHH) agree with the changes. The response from Kathy Murphy was "yes".

Action Taken: Motion was passed to recommend acceptance of changes to the Bylaws to the Full Commission.

6) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report which states the activities and operations of SFGH.

Program Updates:

1. Dr. Sue Carlisle promoted to Vice Dean in the School of Medicine

I am very happy to announce that Dr. Sue Carlisle has been promoted to Vice Dean in the School of Medicine, a change from her position as Associate Dean for SFGH. Dr. Carlisle will continue her role as Dean at SFGH and as our partner in ensuring that SFGH is one of the foremost teaching hospitals in the nation, and one of the best public hospitals in the country.

2. It Gets Better Video

SFGH is the first hospital in the Bay Area to create an 'It Gets Better' video, as part of the national project to support LGBT youth who may be struggling with rejection, bullying or even thoughts of suicide. Five staff members share their experience with growing up LGBT and dozens more join in a chorus of supportive messages that working through life's challenges pays off.

The video is part of the national **It Gets Better Project** that began in 2010 in response to several teen suicides related to bullying, and fits with the mission of SFGH to serve vulnerable populations with compassion and respect.

3. Service Excellence Training at SFGH

One of SFGH's Strategic Plan Commitments is Service Excellence – to create an organizational structure where staff are engaged - in partnership with patients and families - to promote diversity and achieve excellence in communication, operational efficiency, and patient care.

A major first step towards this culture of Service Excellence was the Service Excellence trainings that were held over the last couple of month for SFGH, LHH, and COPC and other DPH staff and leaders. Over 3300 staff and 340 leaders were trained over a 6 week period. In addition to the training, the Service Excellence Committee (SEC) was established as a group that would sustain, promote, and advance the Service Excellence agenda at SFGH, Laguna Honda Hospital, and the Community Oriented Primary Care Clinics.

The SEC will consist of two workgroups focused on Patient Experience and Workforce Experience and with a membership that will include patients and front line staff.

The Patient Experience workgroup will:

- Identify strategic priorities to improve the patient and family experience,
- Learn from patient experience data to identify areas for systems improvements,
- Ensure meaningful communication occurs with our patients following a poor experience while receiving care, and
- Provide a venue where the use of either positive or poor patient experience stories can be discussed and shared campus-wide.

The Workforce Experience workgroup will:

- Recognize staff for contributing to a positive patient experience (recognition system),
- Learn from staff experience data to identify areas for systems improvements,
- Highlight the correlation between the staff and patient experience, and
- Invest in staff to provide the tools needed to exceed the expectations of the patient and workforce experience.

4. Using the Toyota Management System (Lean) to Achieve SFGH's Strategic Goals

Lean's core principle is to maximize customer value while minimizing waste. Unfortunately, at least 50% of health care delivery can be defined as waste, according to experts in the Lean improvement model. Waste is defined in terms of excessive time of waiting, wasted movement, overproduction, over processing, defects, etc. Many of our processes are riddled in waste, most

notably in terms of patient waiting times. In recognizing this problem, and preparing for health care reform, SFGH and SF Department of Public Health are embarking upon improving organizational efficiency to achieve high patient and staff satisfaction through the use of Lean.

Lean is inherently collaborative and empowering. At SFGH, staff from all levels are partnering with patients to break down silos and promote a shared view across all components of the health care delivery stream. By starting from the perspectives of our patients and our staff, Lean identifies the value-added and non-value-added steps in every process. When we continuously seek to ever perfect our processes, then we are setting up our staff for success and ultimately delighting our patients and their families.

Recent Lean implementation focused on two areas at SFGH: 3M Surgical Clinic and Urgent Care Center. Their efforts resulted in value stream mapping to more deeply understand the current state of the work and to help create a desired future state. With over 100 hours of patient experiences observed, both areas set out with improvement goals. Over the next 12 months, 3M Surgical Clinic targets to decrease lead time and wait time for next available clinic appointment by 50% and improve at least one metric for both staff satisfaction and patient experience. Similarly, the Urgent Care Center targets to reduce lead time by 75% and select and improve one measure for both staff and patient satisfaction by 40% as compared to baseline. Both areas are hopeful that the promised changes will result in a better experience for patients and staff. Their work plans (A3-T documents) are attached.

5. Patient Flow Reports for July 2012

A series of charts depicting changes in the average daily census is attached to the minutes of the meeting.

Medical/Surgical

Average Daily Census was 207.0, which is 2% below the number of budgeted beds and 85% of physical capacity of the hospital. 9% of the Medical/Surgical days were lower level of care and 4% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, **excluding 7L**, was 53.7, which is 85% of budget and 84% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.4, which is 77% of budget (n=7) and 45% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of June 2012, shows 81% non-acute days (17% lower level of care and 63% non-reimbursed). This data is based on discharges, and do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 22.7, which is 81% under our budgeted beds and 76% of physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 93.9, which is 11% below both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 93% of budgeted beds and physical capacity.

Commissioner Comments/ Follow-Up:

The Commissioners were invited to attend one of the Lean Report-Out.

The Commissioners requested a follow-up report on Lean in six months.

The Commissioners requested a future report on the San Francisco Behavioral Health Center.

7) PATIENT CARE SERVICES REPORT

Leslie Dubbin, Nurse Director of Clinical Operations, gave the report.

July 2012 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 3.6%

Staffing Ratio- July 2012: all shifts were covered.

Professional Nursing Practice -- July 2012

Recruitment and Training

Retention/Professional Development: 4D Nurses Present at University of San Francisco Clinical Nurse Leadership Conference

4D Quality Care Coordinator Nurses (QCCN), Allison Morton, Kelly Quinn, and Holland Stephens, led by 4D Nurse Manager, Michael Daly, presented the QCCN role at the 5th annual Clinical Nurse Leadership Conference at the University of San Francisco in June.

The QCCN leads small-scale, unit-based quality improvement projects aimed at improving operational efficiency, nurse experience, patient experience, and most importantly, patient care. The QCCN role is based on the Clinical Nurse Leader using a shared governance model to establish a system for implementing culture and practice changes to transform care at the bedside. The projects are driven by the macro-level goals of the hospital's five-year strategic plan to transform healthcare combined with the patient experience scores of the Hospital Consumer Assessment of Healthcare Providers and Systems (HACAPS) Survey.

Poster boards at the conference featured three of the SFGH's QCCN projects on 4D: the Noise at Night Project, a project that successfully improved patients' perception by 15%, according to internal surveys; the Side Effects of New Medications Project, our latest project which has thus far improved patient perception around communication of medication by 11%, and has 89% of surveyed 4D nurses reporting that they educate patients MORE on the side effects of medications now than they did prior to the project launch; and the Diabetes Clinical Pathway Project, an evidence-based process for ensuring that patients with diabetes are transitioned safely and effectively to follow up care. As a result, 86% of diabetics were taught all key survival skills, 83% had a scheduled follow-up appointment for their diabetes, and nurses reported significant improvements in ease of teaching and overall discharge safety of patients with diabetes.

Nursing Excellence:

2012 Collaborative Alliance for Nursing Outcomes (CALNOC) Conference

For the third consecutive year, SFGH nurses shared their work with other nurses throughout California, Oregon, and Washington at the (CALNOC) Conference held June 14th and 15th in Sacramento. SFGH was represented by Sharon McCole Wicher, Franco Herrera, Sasha Cuttler, and George Scrivani. Franco presented the reorganization of the Nursing Quality Forum that provides a thematic structure to sharing nurse-sensitive data. Sasha and George shared the success of the inpatient pressure ulcer prevention team in reducing the prevalence of that condition while streamlining the data collection process to save nursing time and improve reliability.

SFGH submitted the following two posters for the conference:

"More Time for PUP: Pressure Ulcer Prevention with an Algorithm and Automated Data Collection at a Public Hospital" by Sasha Cuttler, George Scrivani, Norlissa Cooper, Nora Brennan, Joseph Clement, Ossie Gabriel.

"Shared Governance Council uses performance management principles to organize quality and patient safety related work at San Francisco General Hospital" by Franco Herrera.

Evidenced- Based Practice Fellowship

This year four SFGH RN's participated as UCSF/Stanford Center for Evidenced-Based Practice (EBP) Fellows through the Nursing Research and Innovation Center. These participants and their coaches engaged in workshops that guided their project development and study implementation, incorporating research and evidence into the process. These clinicians gained experience with problem identification and clinical solutions. EBP initiatives support nursing and patient care excellence and advances healthcare research.

"Individualizing Post-Operative Pain Medication in Same Day Surgery Patients" – Fellow: Lorraine Thiebaud, RN, Coach: Sasha Cuttler, RN, PhD. "Ensuring a Safe and Effective Discharge for Diabetic Patients" – Fellow: Kelly Quinn, RN, CNS, PHN, Coach: Amalia Fyles, RN, CNS, CDE. "Transitioning Premature Infants from Gavage Feeding to Oral Feeding" – Fellow: Katie Kim, RN, MSN, Coach: Shilu Ramchand, RN, MSN. "Patient Safety Alert: Anticoagulation Education Initiative", Fellow: Myra Ayson Basa, BSN, RN-BC, Coach: Allyson Villanueva, RN, MS, CNS.

1. ED Report – May 2012

The Emergency Department had a Diversion rate total of 17% (124 hours) for the month of July 2012. The ED encounters for the month of July totaled 5307 patients, 916 of those were admissions.

2. PES Report – May 2012

PES had 516 patient encounters during June 2012 and 540 in July 2012. PES admitted a total of 128 patients to SFGH inpatient psychiatric units in July 2012, an increase from 127 patient admissions in June. In July a total of 412 patients were discharged from PES: 33 to ADUs, 26 to other psychiatric hospitals, and 353 to community/home.

There was a decrease in Condition Red hours from June to July. PES was on Condition Red for 128.3 hours during 12 episodes in July. The average length of Condition Red was 10.69 hours. In June, PES was on condition Red for 143.5 hours, during 18 episodes, averaging 7.97 hours.

The average length of stay in PES was 20.5 hours in the month of July, a decrease from 22.0 hours in June.

Commissioner Comments/ Follow-Up:

Commissioner Waters noted that there was a 9% vacancy rate in perioperative. She asked whether SFGH has a training program for Perioperative Nursing. Leslie Dubbins said yes, an 18 month program. The vacancies are due to recent retirements.

Commissioner Chow asked why 26 of the PES patients were discharged to other psychiatric hospitals. Leslie Dubbins response was that these 26 patients had private insurance.

8) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

LEADERSHIP

Dr. Sue Carlisle - Dean Sam Hawgood, Dean of the UCSF School of Medicine, recently announced the appointment of Dr. Sue Carlisle as a Vice Dean, a change from her current position as Associate Dean of UCSF. Dr. Carlisle explained that the elevation of her office from an Associate Dean's status to Vice Dean provides more opportunities to work closely with Dean Hawgood on critical issues affecting SFGH and its medical staff.

ADMINISTRATION/REGULATORY/COMPLIANCE

Strategic Plan Communication Strategy –As a follow up to the May 2012 Leadership MEC discussion about developing ways and tools to communicate the hospital's strategic plan to all faculty and staff, Ms. Rachael Kagan, Chief Communication Officer presented generic tools (pocket cards and posters), which Service Chiefs can use to reinforce the hospital's values and commitment. Both tools contain generic information about the hospital's mission, vision, and the strategic plan's foundation of people, systems and technology. Ms. Kagan pointed out that Service Chiefs can customize the templates to reflect applicable department specific plans or activities that support the hospital's strategic plan.

Transforming Health Care at SFGH – With the recent decision of the Supreme Court to uphold the federal health care reform law, SFGH is accelerating efforts to better integrate services and become an accountable organization designed to meet the mandates of the healthcare reform law. A regular series of discussions with physician leadership will be held to talk about these initiatives. To date, the following presentations were made to MEC:

- Service Excellence Initiative – Dr. Alice Chen gave a presentation to MEC about the hospital's Service Excellence Initiative, an action plan targeted to achieve and maintain the desired patient experience and clinical care outcomes that will improve the hospital's reimbursement levels. The Service Excellence Initiative is supported by a Service Excellence Committee, whose vision is to create an environment where patients and staff are valued and respected, and whose mission is to drive initiatives aligned with the SFGH Strategic Plan. Service Excellence trainings will be offered to both hospital leadership and staff. Staffs in all positions will be trained in key components to drive a meaningful and lasting culture change where staff are engaged, in partnership with patients and families, with ongoing performance improvement and patient safety initiatives that achieve excellence in communication, patient-centered care, operational efficiency, and quality patient care. Trainings specific to physicians/clinicians are being developed, and are targeted to start by first quarter of 2013 on by invitation basis only. Following discussion, MEC recognized that the Service Excellence Initiative is a critical strategy to address patient

experience, and ensure the hospital's financial viability under the Healthcare Reform law. Members are in consensus that the hospital's increasing work towards accessible and affordable quality care is the right thing to do for the challenging patient population at SFGH, and the community.

- San Francisco Health Plan – Dr. Kelly Pfeiffer, SFHP Chief Medical Officer, gave an overview of the San Francisco Health Plan, and discussed its role and activities to support Health Care Reform, and the Triple Aim of improving outcomes, improving experience, and cost control. The presentation included a listing of the different mechanisms to lower costs - lower payments, manage formulary, narrow network, utilization management and customer service. Dr. Pfeiffer summarized the activities undertaken by SFHP to lower the Out of Medical Group (OOMG) costs, including repatriation, tight utilization management, case management of high utilizers, outreach to PCP, and meeting with transportation agencies. Dr. Pfeiffer also identified ways and examples of how physicians can help decrease costs, which ultimately will facilitate improved patient outcome and experience.

Longer-Term Potential Antimicrobial Therapy – Dr. Todd May circulated and discussed practice guidelines that were developed to actively manage resource utilization for costly longer-term parenteral antimicrobial therapy in the hospital. A pre-authorization process will be adopted, with the ID team providing guidance regarding appropriate antibiotic treatment with the lowest utilization of resources. Dr. May reminded members that the Medical Staff has the dual responsibility to provide appropriate treatment for all patients and to manage limited resources. Members expressed support to the guidelines, and recommended its adoption as a policy under Utilization Management, as a directive management approach to ensure compliance. Dr. Thyne added that the Bylaws Committee will be working on an initiative to create a Utilization Management Medical Staff Committee, which will administer all operational guidelines or policies relating to resource management, and ensure MEC's oversight.

Privilege Lists Revisions (ACTION ITEM) – The following privileges lists revisions were approved by MEC:

- Oral Maxillofacial Privilege List – Added Fluoroscopy privilege
- IUD - Remove IUD Removal from OB, CPC and FCM Privileges Lists
- Surgery Privilege List Revision – move ORIF Rib Fracture procedure from “Non Trauma Thoracic Surgery” core to “Trauma and Acute Care Surgery” core.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

None

Commissioner Comments/ Follow-Up:

Commissioner Chow asked why IUD Removal is being removed for the OB, CPC and FCM Privileges Lists. Dr. Thyne responded that the removal of an IUD, unlike the insertion of an IUD, is not a procedural privilege.

9) QUALITY COUNCIL REPORT

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow noted that many members of the council were absent. It was explained by Iman Nazeeri-Simmons that the majority of the council members were involved in the Lean implementation.

Commissioner Chow commented that appointment show rate is an identified issue for many hospitals and clinics.

Action Taken: The July 2012 Quality Council Report was unanimously approved.

10) **PUBLIC COMMENT**

There was no public comment.

11) **CLOSED SESSION:**

APPROVAL OF CLOSED SESSION MINUTES OF JUNE 12, 2012

**APPROVAL OF SETTLEMENT RECOMMENDED FOR CLASS ACTION LAWSUIT FOR
"BALANCE BILLING".**

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) **Reconvene in Open Session**

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee passed the motion to recommend approval of the recommended settlement to the full Health Commission.
The Committee approved the Credentials Report and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

12) **ADJOURNMENT**

The meeting was adjourned at 5:50pm.

Sonia E. Melara, MSW
President

Margine A. Sako
Vice President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Edwin M. Lee, Mayor

Department of Public Health



Barbara A. Garcia,
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, September 11, 2012
3:00 p.m.

1001 Potrero Avenue, Wellness Center NH 2D 35
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE AUGUST 14, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of August 14, 2012*

3) FOR DISCUSSION AND POSSIBLE ACTION: WELLNESS CENTER UPDATE
(Sherminah Jafarieh, Associate Administrator)
**Report*

4) FOR DISCUSSION AND POSSIBLE ACTION: TOBACCO FREE INITIATIVE
(Sherminah Jafarieh, Associate Administrator)
**Report*

5) FOR DISCUSSION AND POSSIBLE ACTION: HOSPITAL ADMINISTRATOR'S REPORT
(Activities and operations of SFGH)
(Susan A. Currin, Chief Executive Officer)
**Report*

6) FOR DISCUSSION AND POSSIBLE ACTION: PATIENT CARE SERVICES REPORT
(Sharon McCole Wicher, Chief Nursing Officer)
**Report*

7) FOR DISCUSSION AND POSSIBLE ACTION: MEDICAL STAFF REPORT
(Shannon Thyne, M.D., Chief of Staff)
**Report*

8) FOR DISCUSSION AND POSSIBLE ACTION: QUALITY COUNCIL REPORT
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of August 21, 2012 Meeting*

9) PUBLIC COMMENT**

10) CLOSED SESSION:

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 14, 2012

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines *#9 San Bruno*, *#9X San Bruno Express*, *#19 Polk* (stops 2 blocks away), *#33 Stanyan*, and *#48 Quintara-24th St*. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

Sonia E. Melara, MSW
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MINUTES

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Tuesday, September 11, 2012, 3:00 p.m.
1001 Potrero Avenue, Wellness Center
San Francisco, CA 94110

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1) CALL TO ORDER

Present: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

Excused: Commissioner Edward A. Chow, M.D., Chair

Staff: Sue Currin, Iman Nazeeri-Simmons, Tom Holton, Sharon McCole-Wicher, Valerie Inouye, Kathy Jung, Anson Moon, Todd May M.D., Troy Williams, Sherminah Jafarieh, Dave Woods, Mark Morewitz, Troy Williams, Roland Pickens, Blue Walcer, Kathy Murphy, Maggie Rykowski, Jo Anne Roy, Tom Holton, Sherly Calson, Darlene Barr, Soledad Aquino, Nasrin Aboudamous, Jeff Critchfield M.D.

The meeting was called to order at 3:11pm.

2) APPROVAL OF THE MINUTES OF THE AUGUST 14 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the August 14, 2012 SFGH JCC were unanimously approved.

3) WELLNESS CENTER UPDATE

Sherminah Jafarieh, Director of Diagnostic and Wellness Services, gave the update.

Commissioner Comments/Follow-Up:
101 Grove Street

San Francisco, CA 94102-4505

Commissioner Waters commended Ms. Jafarieh and the SFGH Wellness Center staff for their impactful work.

Commissioner Sanchez encouraged the Wellness Center to continue efforts to partner with existing organizations in the area doing similar work.

5) TOBACCO FREE INITIATIVE

Shermineh Jafarieh, Director of Diagnostic and Wellness Services, gave the update.

Commissioner Comments/Follow-Up:

Commissioners Waters and Sanchez commended the SFGH staff for their efforts.

8) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report which states the activities and operations of SFGH.

Program Updates:

1. SFGH Joined NAPH Collaborative to Achieve National Partnership for Patients Goal for Harm Reduction

SFGH has joined the National Association of Public Hospitals (NAPH) collaborative that aims to achieve the federal "Partnership for Patients" goal of 40% reduction in harm to patients by January 2014. NAPH's collaborative will offer learning opportunities for public hospitals and provide a wide array of initiatives and activities to improve patient safety. SFGH selected two areas for improvement: Falls with Injuries and Hospital Acquired Pressure Ulcers (HAPU). Last month, I attended – along with some of our key nursing, quality and patient safety staff - an excellent training program facilitated by Dr. Jim Reinertsen. Over the course of two days, we learned and explored ways to make patient care safer at SFGH and how to best involve our governing body in meaningful improvement work. Over the next 30 days we will reconfigure our interdisciplinary teams for both Falls and HAPU, select our aim for improvement and set an aggressive implementation plan. I look forward to updating the JCC on these projects over the next 12 months.

2. Lean Update

During the month of August our two value streams, Urgent Care Center and Surgical Specialty Clinic, conducted their first Kaizen (improvement workshop). The focus was on 5S, which is a tool for workplace organization. It is an acronym for Sort, Set in Order, Shine, Standardize and Sustain. 5S is the foundation for all future improvement work, with the aim of improving flow to achieve shorter lead time for patient care and to improve staff and patient satisfaction. Both workshops were very successful, with obvious improvement occurring with materials, supplies, equipment, forms and general cleaning (shining!). Preliminary results indicate that over \$36,000 worth of UCC materials and supplies were returned to Central Supply resulting in reclaiming 10-15% of storage space. Similar results are expected with Surgery Clinic. We are planning for our next Kaizen for the week of September 17. Commissioner Catherine Waters attended our last report out, and members of the JCC are welcome to attend our next report out scheduled for Friday, September 21 from 9-10am in Carr Auditorium.

3. San Francisco Behavioral Health Center Update

Sharon McCole-Wicher, Chief Nursing Officer, has been temporarily assigned to oversee the daily operations at the Behavioral Health Center. Sharon will be providing administrative coverage through the fall in order to address regulatory action plan items, residents' level of care placements, leadership development, and alignment with the Hospital's strategic plan.

4. Joint San Francisco General Hospital (SFGH) and Laguna Honda Hospital (LHH) Executive Staff Committee Meeting

A joint meeting was held between the SFGH and LHH Executive Staff Committees. The purpose of this initial joint meeting was to introduce one another and to present SFGH's vision, commitments and goals to the LHH executive staff. This meeting will be followed with one at LHH, where LHH staff will present their vision and goals; and where SFGH and LHH can begin to identify and discuss issues that the two hospitals can address jointly as DPH moves forward with an integrated delivery system structure.

5. San Francisco General Hospital Hearts Grants Awards and Staff Appreciation

The Hearts Grants Awards by the San Francisco General Hospital Foundation will be announced at a reception that will be held in our Cafeteria on Thursday, October 4, 2012, at 3:00pm. We would like to invite the Commissioners to attend this event. In past years, more than 1 Million dollars were awarded in support of programs here at SFGH.

6. Patient Flow Reports for August 2012

A series of charts depicting changes in the average daily census is attached.

Medical/Surgical

Average Daily Census was 220.2, which is 4% above the number of budgeted beds and 90% of physical capacity of the hospital. 9% of the Medical/Surgical days were lower level of care and 5% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, excluding 7L, was 47.7, which is 76% of budget and 75% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.5, which is 78% of budget (n=7) and 45% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of July 2012, shows 79% non-acute days (21% lower level of care and 58% non-reimbursed). This data is based on discharges, and do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 20.8, which is 74% of our budgeted beds and 69% of physical capacity.

San Francisco Behavioral Health Center

ADC for the San Francisco Behavioral Health Center was 78.2, which is 26% below both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 80% of budgeted beds and physical capacity.

Commissioner Comments/ Follow-Up:

Commissioner Waters stated that she looks forward to a LEAN update from Mr. Pickens and Director Garcia when they return from their trip to Denver to study LEAN systems more closely.

Ms. Currin commended Ms. McCole-Wicher on the impact of her directly overseeing the operations of the San Francisco Behavioral Health Center.

9) PATIENT CARE SERVICES REPORT

Sharon McCole-Wicher, Chief Nursing Officer, gave the report.

August 2012 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 3.1%

Staffing Ratio- August 2012: all shifts were covered.

Professional Nursing Practice – August 2012

Retention/Professional Development

110 Charge Nurses (RNs) completed a 1 day class on leadership and management development in June. The class received excellent evaluations. Additional development classes are planned. In fall 2012, a preceptor training class will be implemented for RNs who will precept nursing students and new nursing staff.

Nursing Excellence

Nursing Grand Rounds was held by the Nursing Professional Development Council on August 8th. Perspectives in Palliative Care were presented by Jennifer McGaugh, RN, MSN, SFGH, a Palliative Care Nurse.

System Wide Shared Governance Councils are in the process of recruiting new members for all system councils: Practice, Professional Development, Research and Quality and Safety. In October, a group of SFGH nurses are planning to attend the ANCC National Magnet conference in Los Angeles, CA.

RN Staff Survey

Preparations are underway for SFGH RNs to complete a nursing satisfaction survey through the National Database of Nursing Quality Indicators. This will be the third time that SFGH will participate in the survey, which will allow intra-facility comparisons of results to previous surveys in 2009 and 2010 and inter-facility comparisons with nationwide hospital.

Dorothy Washington Nursing Education Fund Gala

The Dorothy Washington Gala on September 14th marks the fifth celebration supporting SFGH RN's through scholarship awards and recognition. This event honors the memory of Ms. Washington, a hospital supervisor who contributed 22 years of leadership through nursing mentorship and educational advocacy. As of 2012, scholarship funds amounting to \$65,000 have been awarded to SFGH RN staff supporting their academic advancements and increasing diversity.

ED Report – August 2012

The Emergency Department had a Diversion rate total of 22% (164 hours) for the month of August 2012. The ED encounters for the month of August totaled 5264 patients, 873 of those were admissions.

PES Report – August 2012

PES had 540 patient encounters during July 2012 and 541 in August 2012. PES admitted a total of 137 patients to SFGH inpatient psychiatric units in August 2012, an increase from 128 patient admissions in July. In August a total of 408 patients were discharged from PES: 25 to ADUs, 15 to other psychiatric hospitals, and 364 to community/home.

There was a decrease in Condition Red hours from July to August. PES was on Condition Red for 11.1 hours during 3 episodes in August. The average length of Condition Red was 3.71 hours. In July, PES was on condition Red for 128.3 hours, during 12 episodes, averaging 10.69 hours. The average length of stay in PES was 14.4 hours in the month of August, a decrease from 22.5 hours in July.

10) MEDICAL STAFF REPORT

Shannon Thyne M.D., Chief of Staff, gave the report.

ADMINISTRATION/REGULATORY/COMPLIANCE

Meaningful Use Reporting, Problem List – Dr. Thyne informed members that the hospital is in the midst of the first three month period for reporting “Meaningful Use Measures”, Inpatient Care. One of the measures the hospital must meet is the inclusion of an up to date problem list of current and active diagnoses. Effective Monday, August 20, 2012, the hospital will implement a new system requiring new CPOE inpatient orders to add the problem list when doing med reconciliation. This will enable SFGH to meet the requirement that more than 80% of all unique patients admitted to the hospital have an entry on the problem list, or indication that no problems are known for the patient recorded as structured data.

Scrub Policy – Dr. Thyne circulated a working draft of the hospital’s Scrub Policy, for members’ review. Dr. Thyne stated that this policy is in alignment with the hospital’s strategic plan, and is necessary to strengthen professionalism in practice, and improve efficiency in the distribution/use of hospital-laundered scrubs. Training sessions on the use of the two scrub machines now installed in the ground floor are ongoing, and phase 1 of policy implementation will aim to have every medical student use the scrub machines in the next couple of months. Members are asked to submit any comments or recommendations.

Guidelines for Photography - Members requested guidelines on the use of cell phone cameras on OR and ED patients, when texting consult requests or educational purposes. Dr. Thyne informed members about ongoing work to develop clearer guidelines on how to ensure patient privacy in the use of cell phone photos. Mr. Tim Greer will be requested to give updates and clarifications at a future MEC meeting. Additionally, members will ask PEMT (Perioperative Management Team), an OR Subcommittee charged with policy drafts or initiative concepts, to discuss and develop guidelines in the use of cell phone cameras in the OR and ED at its next meeting. Members are requesting a working draft be ready for review by the October MEC meeting.

Privilege Lists Revisions – The following privileges lists revisions were approved by MEC:

- Medicine Core Privilege List Revision – Core privileges for medical subspecialty care of pediatric patients will be amended to include “adult and adolescent patients”. The Medicine Service requested the amendment due to the increasing number of adolescents referred to subspecialty services.
- Radiology/Neurosurgery Privileges Lists Revisions – Proposed revisions to the criteria language for specific post residencies or fellowship practices to indicate “having met the training requirement for board eligibility”.
- Urology Privilege List Revision – Addition of new procedure, “Sacrocolpopexy with Hysterectomy, under 40.20 Female Genital System.
- Surgery Combined Standardized Procedures – The Committee accepted the Surgery Service’s request to eliminate Arterial Line Insertion from the Surgery Trauma NP SP. The procedure is not done by any of the Surgery Trauma NPs.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

None

Commissioner Comments/Follow-Up:

Commissioner Waters asked for more information on what led to the scrubs policy. Dr. Thyne stated that through the LEAN process, SFGH administration realized many staff had multiple sets of scrubs and an unnecessary amount of SFGH fund was being spent on cleaning fees. It was determined that SFGH could save substantial funds by using machines to dispense scrubs to staff. In addition, the new policy limits the use of scrubs to working shifts at SFGH.

Action Taken: The following Privilege List Revisions were unanimously approved by the SFGH JCC members:

- Medicine Core Privilege List Revision
- Radiology/Neurosurgery Privileges Lists Revisions
- Urology Privilege List Revision
- Surgery Combined Standardized Procedures

11) QUALITY COUNCIL REPORT

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Waters asked for clarification on the “35-80” day time period it takes for managers to select applicants as part of the hiring process for nurses. Ms. Currin and Ms. McCole Wicher explained that there are usually hundreds of applicants to sort through but stated that SFGH will attempt to reduce the time taken during this step.

Action Taken: The August, 2012 Quality Council Report was unanimously approved.

9) PUBLIC COMMENT

There was no public comment.

10) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 14, 2012

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee approved the Credentials Report and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 5:37pm.

Sonia E. Melara, MSW
President

Margine A. Sako
Vice President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

Catherine M. Waters, R.N., Ph.D.
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HEALTH COMMISSION

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, October 9, 2012
3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

GOVERNMENT
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Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE AUGUST 14, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of September 11, 2012*
- 3) FOR DISCUSSION AND POSSIBLE ACTION: SFGH REBUILD UPDATE
(Terry Saltz, Mark Primeau, Ron Alameida)
**Report*
- 4) FOR DISCUSSION AND POSSIBLE ACTION: SAN FRANCISCO GENERAL HOSPITAL ANNUAL REPORT
(Susan A. Currin, Chief Executive Officer)
**Report*
- 5) FOR DISCUSSION AND POSSIBLE ACTION: POLICIES AND PROCEDURES, ENVIRONMENT OF CARE REPORT
(Susan A. Currin, Chief Executive Officer)
**Report*

- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGH)
(Susan A. Currin, Chief Executive Officer)
**Report*
- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Sharon McCole Wicher, Chief Nursing Officer)
**Report*
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **STATE OF CALIFORNIA MANDATORY REPORTING OF ADVERSE EVENTS FOR FY 2011-2012**
(Jay Kloo, Director of Regulatory Affairs)
**Report*
- 9) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY AND SAFETY MEASURES UPDATE**
(Sue Schwartz, Director of Performance Improvement)
**Report*
- 10) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 11) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL REPORT**
(Sue Schwartz, Director of Performance Improvement)
**Minutes of September 18, 2012 Meeting*
- 12) **PUBLIC COMMENT****
- 13) **CLOSED SESSION:**

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 11, 2012**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

14) ADJOURNMENT

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- ** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.
- *** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

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American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Vice President

Edward A. Chow, M.D.
Commissioner

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Commissioner

David J. Sanchez, Jr., Ph.D.
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Catherine M. Waters, R.N., Ph.D.
Commissioner

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Department of Public Health



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MINUTES

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Tuesday, October 9, 2012, 3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

Staff: Sue Currin, Sue Schwartz, Troy Williams, Kathy Murphy, Sharon McCole Wicher, Dan Schwager, Dave Woods, Shannon Thyne MD, Todd May MD, Anson Moon, Jay Kloo, Rachael Kagan, Ron Alameida, Kim Nguyen, Susana Leong, Laure Marshall, Terry Saltz, Tristan Cook, Sherminah Jaferiah, Baljeet Sangha, Kathy Jung, Jeff Critchfield MD, Mark Morewitz

The meeting was called to order at 3:06pm.

2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 11, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Commissioner Waters requested that the section of the minutes under the Medical Staff Report reflect that the JCC passed the following revisions with the understanding that Commissioner Chow would review the documents and provide relevant input to the SFGH staff:

- Medicine Core Privilege List Revision
- Radiology/Neurosurgery Privileges Lists Revisions
- Urology Privilege List Revision
- Surgery Combined Standardized Procedures

Action Taken: The minutes of the September 11, 2012 SFGH JCC were unanimously approved.

3) SFGH REBUILD UPDATE

Terry Saltz, SFGH Rebuild Program Director, Ron Alameida, Department of Public Works, and Tristan Cook, SFGH Rebuild Public Relations Director, made the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow asked whether cost savings in the construction budget have been decreased due to the increase of the costs of the project control budget. He requested that more information on this issue be included in the presentation to the full Commission in November. Mr. Alameida stated that he will provide an explanation of this issue for the full Commission and that the overall project is within budget.

Commissioner Chow requested that future presentations include information on the timeline for purchasing furniture, fixtures, and equipment.

4) SAN FRANCISCO GENERAL HOSPITAL ANNUAL REPORT

Susan A. Currin, Chief Executive Officer gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow suggested that the report more clearly states how it is organized (i.e., by the Foundations and Commitments of the hospital's strategic plan). He asked that quality benchmarks be identified and listed, so that it is clear how well SFGH is doing. He also suggested that staff be listed in alphabetical order.

Commissioner Sanchez stated that the challenge is to capture all that SFGH does in a way that the public can understand.

Commissioner Waters stated that she appreciates the draft of the report but recommended that final version be revised to be easier to understand by the public.

5) POLICIES AND PROCEDURES, ENVIRONMENT OF CARE REPORT

Kathy Jung, Director of SFGH Facilities and Support Services, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for an update on the elevators. Ms. Jung stated that SFGH is very close to obtaining the permit from OSHPD and putting the bid out to hire a contractor to do the necessary work. She projected that by spring of 2013 work should begin on the elevators that are currently not working.

Commissioner Waters asked the timeline of the project. Ms. Jung stated that the work will take approximately two fiscal years and should be complete by the end of 2015.

Commissioner Sanchez asked if the elevators are being repaired or replaced. Ms. Jung stated that the electronic panels and wiring will be replaced on the existing elevators.

Action Taken: The JCC recommended that the Environment of Care Report, the Performance Improvement and Patient Safety policy, and the Provision of Care Policy be forwarded to the full Health Commission for their approval.

6) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report

Program Updates:

San Francisco General Hospital Hearts Grants Awards and Staff Appreciation

The Hearts Grants Awards by the San Francisco General Hospital Foundation were announced at a reception that was held last week in our Cafeteria. Seventy five (75) grants, for a total of over 1.4 million dollars, were awarded in support of programs here at SFGH.

We greatly appreciate the work of the Foundation, the donors, and our staff for their work and contributions - allowing San Francisco General Hospital to continue providing quality health care.

SFGH Joined NAPH Collaborative to Participate in the National Partnership for Patients

As I mentioned in last month's report, SFGH has joined the National Association of Public Hospitals collaborative called NAPH Safety Network that aims to achieve the federal "Partnership for Patients" goal of 40% reduction in harm to our patients. The Partnership for Patients brings together leaders of major hospitals, employers, physicians, nurses, and patient advocates along with state and federal governments in a shared effort to make hospital care safer, more reliable, and less costly. One of the goals of this new partnership is to keep patients from getting injured or sicker during their hospital stay. By the end of 2013, preventable hospital-acquired conditions would decrease by 40% compared to 2010. Achieving this combined goal nationally, would mean approximately 1.8 million fewer injuries to patients with more than 60,000 lives saved over three years.

SFGH has selected two areas for improvement: Falls with injury and Hospital Acquired Pressure Ulcers (HAPUs). Since November 2011, we had 113 HAPU's and 36 falls with injuries. If in line with the national goal of a 40% reduction, SFGH will have 45 fewer HAPU's and 15 fewer falls with injury by 2013.

As we move forward, I think it's important to acknowledge that as we present data regarding patient safety issues in the form of graphs and lines, the human element is often missed, and our patients are seen as a mere dot on a graph. I would like to present two real stories of patients who experienced harm at our hospital.

- Otis W. was in his early 20's and suffered a traumatic wound to his leg. After surgery he experienced decreased sensation and movement in his foot. During his hospitalization, nursing noted the development of a dark area on his Achilles tendon and it was discovered that he had developed a HAPU due to an improperly fitting Multi-podus boot. Although the outcome was good and the wound healed, this HAPU prolonged his hospitalization, decreased his mobility and caused the patient additional discomfort.
- Harold C. will be 80 in three months, and while under our care he fell out of bed and suffered a ruptured arm muscle. Harold was transferred to acute care where he began to eat and became more active. Although Harold C. also had a positive outcome, the injury he sustained caused additional persistent pain, difficulty feeding himself, and an overall reduction in his ability to care for himself. This was his third fall in the hospital.

These are two harm events that could have been avoided. We have the opportunity to learn from these two patients' experiences and to improve the care we provide. Through our collaboration with the NAPH Safety Network, we will achieve a 40% reduction in harm to our patients, and in accomplishing this goal, we

will fulfill our mission to all our patients of providing quality health care with compassion and respect. I ask that you please join me in supporting this initiative.

Patient Flow Reports for September 2012

A series of charts depicting changes in the average daily census is attached.

Medical/Surgical

Average Daily Census was 215.6, which is 2% above the number of budgeted beds and 88% of physical capacity of the hospital. 3% of the Medical/Surgical days were lower level of care and 11% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, **excluding 7L**, was 53.5, which is 85% of budget and 84% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.3, which is 76% of budget (n=7) and 44% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of July 2012, shows 76% non-acute days (15% lower level of care and 61% non-reimbursed). This data is based on discharges, and do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 21, which is 75% of our budgeted beds and 70% of physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 70.4, which is 34% below both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 71% of budgeted beds and physical capacity.

7) PATIENT CARE SERVICES REPORT

Sharon McCole Wicher, Chief Nursing Officer, gave the report.

September 2012 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 3.5%

Staffing Ratio- September 2012: all shifts were covered.

Professional Nursing Practice – September 2012

Retention/Professional Development among SFGH Nursing Staff

On September 14th, the Dorothy Washington Scholarship gala was held at the Intercontinental Hotel. The event raised scholarship funds for SFGH staff in the process of completing their BSN or MSN degree. Seven SFGH RNs were honored with individual scholarships amounting to \$2,500.

Norlissa Cooper, a staff nurse and nurse educator on the Progressive Care Unit (4B) for over 4 years, is attending the Georgetown University MSN Program for Nursing Education.

Justin Dauterman has worked as a critical care nurse in the Medical ICU and Coronary Care Unit since 2006. He is also a Co-Chair of the Professional Development Council. He is currently pursuing his Master's in Nursing Leadership at Western Governor's University.

Five of the following RNs plan to graduate from the SFSU-SFGH BSN program on Spring 2013: Josephine (Joy) Macaraig, Lai Lam Kuan, Jessica O'Rourke, Jignasa Pancholy Catherine, and Sliming van Buuren. These students collectively work as staff nurses in the following areas: Medical-Surgical Unit, Labor and Delivery Unit, Critical Care Unit, and Emergency Department.

Nursing Excellence:

Dr. Greg Crow will lead the Shared Governance Intensive on October 17th, a meeting to develop and evaluate planning related to shared leadership in nursing practice at SFGH. This meeting will be attended by Council Co-Chairs, new Council members, and SFGH nurse leaders. On October 10th, the American Nurses Credentialing Center (ANCC) National Magnet Conference will be held in Los Angeles, California. Eight SFGH nursing staff will attend. The National Database of Nursing Quality Indicators (NDNQI) RN Survey began on October 1st and will end on the 21st. This survey assesses the nursing practice environment among eligible RN staff (N = 1,049) from 41 units at SFGH. This survey is led by its coordinator (Hyacinth Vega Mussenden) and Co-Chairs of the Nursing Excellence Committee (Richard Swart, Richard Santana, Elaine Martin, and Michael Grills). Peter Dennehy, a RN from the Health at Home Program, received the NurseWeek and Nurse.com Nursing Excellence Award in the category of *Home, Community & Ambulatory Care*. He is the state winner and will proceed to the national award competition. Kelly Quinn, RN, MSN, a medical-surgical staff nurse at SFGH, will present her research in the 14th annual Research in Action Conference on October 24th. Her study is entitled, "The Diabetes Clinical Pathway: Ensuring a Safe and Effective Discharge for Diabetic Patients." Seven other SFGH nurses (Lorraine Theibaud, Myra Basa, Katie Kim, Holland Stephens, Alison Morton, and Mike Daly) will present posters on their research-based performance improvement projects and Sasha Cuttler will lead a research role development workshop.

ED Report – September 2012

The Emergency Department had a Diversion rate total of 22% (162 hours) for the month of September 2012. The ED encounters for the month of September totaled 5033 patients, 851 of which were admissions.

PES Report – September 2012

PES had 541 patient encounters on August 2012 and 550 on September 2012. PES admitted a total of 127 patients to SFGH inpatient psychiatric units in September 2012, a decrease from 137 patient admissions in August. In September, a total of 423 patients were discharged from PES with the following dispositions: 31 to ADUs, 11 to other psychiatric hospitals, and 381 to community/home. There was a decrease in Condition Red hours from August to September. In August, PES had 3 episodes of Condition Red amounting to 11.1 hours (average of 3.71 hours per episode). In September, PES had 3 episodes of Condition Red amounting to 9.5 hours (average of 3.17 hours per episode). Average length of stay in PES increased between August and September, from 14.4 hours to 15.6 hours respectively.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral. *Accepted and Arrived Referrals* refer to patients that have been approved by PES for admission and are admitted to the unit. *Accepted and Cancelled Referrals* refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. *Inappropriate Referrals* refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement. Common reasons for identifying a case as inappropriate include the following: medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

Data on the disposition of PES referrals presented above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between April 2012 and September 2012, the percentage of patients that were *Accepted and Arrived* to PES increased from 36% to 70%. A consistent percentage decrease (49% to 9%) has been observed in *Accepted and Cancelled* patients between April 2012 and September 2012. The percentage of referrals identified as inappropriate increased from 15% to 20% between April 2012 and September 2012.

Commissioner Comments/Follow-Up:

Commissioner Waters asked for clarification on the changes at Psychiatric Emergency Services (PES). Ms. McCole Wicher stated that there is a new PES Medical Director who is effectively training staff so that there is more efficient patient flow through PES>

8) STATE OF CALIFORNIA MANDATORY REPORTING OF ADVERSE EVENTS FOR FY 2011-2012

Jay Kloo, Director of Regulatory Affairs, gave the report.

Commissioner Comments/ Follow-Up:

Commissioner Waters asked how long SFGH has to report an incident. Mr. Kloo stated that an incident needs to be reported within 5 days of its occurrence.

9) QUALITY AND SAFETY MEASURES UPDATE

Sue Schwartz, Director of Performance Improvement, gave the update. She introduced Laure Marshall, Data Manager.

Commissioner Chow requested that the data continue to be broken out by ethnicity for analysis. He asked the languages in which the surveys were offered and requested that the translations be verified by SFGH staff with specific language expertise. Ms. Schwartz stated that the surveys were available in Spanish, English, and Chinese.

10) MEDICAL STAFF REPORT

Shannon Thyne M.D., Chief of Staff, gave the report.

LEADERSHIP/ACHIEVEMENTS/MEDIA

Institute for Global Orthopedics and Traumatology – The International Trauma Wound Management Summit at the UCSF/SFGH Orthopaedic Trauma Institute's Surgical Training Facility was featured in two local affiliated television channels. The class of 62 surgeons, from 17 countries, is the largest in the project's history. Instructors from several California hospitals including Stanford also volunteered to help with the courses. Following the 3-day program, most of the surgeons returned home bringing new skills to areas that desperately need them. Members commended Dr. Ted Miclau and the Orthopaedic Trauma Institute's outstanding work, and its impact on a global level.

ADMINISTRATION/REGULATORY/COMPLIANCE

Meaningful Use Reporting, Problem List Update – Dr. Thyne thanked members for their support in enforcing the newly implemented system intended to comply with the meaningful measure requiring the inclusion of an up to date problem list of current and active diagnoses. The hospital has now met the requirement that more than 80% of all unique patients admitted to the hospital have an entry on the problem list, or indication that no problems are known for the patient recorded as structured data.

Scrub Policy – Effective Sept 10, 2012, no forrest green scrubs are allowed off campus. Scrubs will still be available for faculty in the OR, but trainees will be required to get scrubs from the machine, except in emergency cases. Plans to install a scrub machine on the 3rd floor are on hold, pending OSHPD's review and approval. Dr. Thyne thanked members for their engagement and support, and reiterated the two main reasons for implementing the policy, which are to strengthen professionalism in practice, and to improve efficiency in the distribution/use of hospital-laundered scrubs. Dr. Thyne encouraged members to send any questions, concerns, or recommendations in the implementation of the Scrub Policy.

Teaching Use of Restraints – Dr. Thyne informed members about a new State regulation regarding teaching healthcare providers the use of restraints. This mandate will take effect on November 1, 2012, and will require every facility to demonstrate that clinicians and staff have been trained in the use of restraints. A committee is reviewing the interpretation of the mandate's provisions, and will work on developing a policy that will outline the training mechanisms (slides, video, Health Stream, hands-on) and identify the providers who will be required to complete the training.

Provider Services Excellence Trainings– Dr. Calvin Chou, a UCSF faculty member based in SF VSA Medical Center, has agreed to hold two training sessions at SFGH on HCAHPS (Hospital Consumer Assessment of Healthcare Providers scores). Dr. Chou has worked with Mayo Clinic and Cleveland Clinic regarding HCAHPS scores improvement techniques.

Privilege Lists Revisions/Standardized Procedure Updates

- Otolaryngology (ENT) Standardized Procedures – Language revisions on two procedures:
 - Biopsy of the Oral Cavity re-word to Punch Biopsy, incisional biopsy or excisional biopsy less than 5mm
 - Nasal Debridement, re-word to Debridement of nasal mucous or crusts with use of a rigid endoscope following endoscopic sinus surgery
- Orthopedic Surgery Combined Standardized Procedures – The Credentials Committee reviewed the summary of the combined Orthopedic SP, including a comparison of the old and new changes for the proctoring and reappointment criteria. The Credentials Committee also identified issues with the Service Chief's involvement in the review/revisions of SP, and requested CIDP to develop a corrective action plan.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

Neurology Annual Report – Claude Hemphill, MD, Chief

The report included the following:

- Mission and scope of services in the clinical, research, and teaching areas.
- inpatient Services
- Outpatient Services – General Neurology Clinics, Sub-Specialty Clinics
- Neurodiagnostic Laboratory Services – EEG, EMG, Transcranial Doppler Ultrasound (TCD)
- Training and Teaching
- Faculty SFGH/UCSF/National Service
- Performance Improvement Activities
- Volume Statistics – Service trends past 4 years
- Finances
- NIH Funded Research Projects
- Assets – Strong ties with UCSF Dept. of Neurology, Brain and Spinal Injury Center, Grant Support, Collaboration with SFGH, Quality of UCSF Neurology Residents and Fellowships, new faculty hires, international reputation for Neurocritical Care/Stroke & HIV Neurology Programs
- Challenges – Outpatient Clinic Infrastructure, underfunded service, change in Department of Neurology faculty salary payment structure in July 2013, erosion of volunteer effort, grant funding increasingly challenging, and lack of equipment to perform expected clinical tasks (EED and TCD).
- Goals: Re-engineer outpatient neurology services, create neurology service links to CHN primary care providers, perform PI projects that link to strategic service improvements, leverage Department of Neurology Mission Bay move, implement visionary programs that highlights SFGH, ensure faculty salaries adequate to recruit and retain SFGH dedicated team, mentor/support junior faculty towards extramurally funded clinical and translational research, and enhance philanthropy to realize mission goals.

Dr. Hemphill highlighted events of the last two years in the Neurology Service, including the resident rotation restructuring, Dr. Hemphill's appointment as new Chief of Neurology Service, move off 4M after thirty years to the Brain and Spinal Injury Center in Bldg. 1 for faculty, and to Student Room 3C for residents, loss of faculty and new faculty hired. Members thanked Dr. Hemphill for his excellent report, and commended the Neurology Clinical Service for its outstanding services to the hospital.

Neurology Rules and Regulations

MEC approved the updated 2012 Neurology Clinical Service Rules and Regulations presented by Dr. Claude Hemphill for review and approval. Below is a summary of proposed changes:

- Throughout the document, "Neurology Clinical Service(s)" has been shortened to "Neurology Service" unless the word "clinical" is necessary for clarity.
- Throughout the document and in the Privileges section, "Pediatric Neurology" has been changed to "Child Neurology" as this is the name of the clinical division within the UCSF Department of Neurology and the title of the Board Certification.
- Under officers of the Neurology Service, Director of Neurology Outpatient Services and Neurology Medical Student Education Site Director have been added (P. 5)
- The current operation of the Neurocritical Care Service is explained in more detail as this has expanded since the 2010 RR review (pp. 12, 25-26)
- SFGH Hospital Committee service expectations have been added to the document for clarity (p. 13)
- The response to Acute Stroke Activations is now explained as this is a new acute stroke notification system (p. 22)
- Neurology Night Resident coverage is explained in more detail as this has changed since the 2010 RR review (p.32)

Action Taken: The Committee unanimously approved the following:

- Otolaryngology (ENT) Standardized Procedures
- Orthopedic Surgery Combined Standardized Procedures
- Neurology Rules and Regulations

11) QUALITY COUNCIL REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow highlighted the importance of interpreters in providing culturally appropriate care. Ms. Currin stated that historically interpreter services were often offered during budget crisis for reductions because they are General Fund funded. However, the services are now understood to be an important part of providing effective quality care to diverse populations.

Commissioner Chow asked for an update at a future SFGH JCC meeting on use of wireless units to be used for tele-medicine interpretation.

Action Taken: The September, 2012 Quality Council Report was unanimously approved.

12) PUBLIC COMMENT

There was no public comment.

13) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 11, 2012

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee approved the Credentials Report and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

14) ADJOURNMENT

The meeting was adjourned at 5:46pm.

Sonia E. Melara, MSW
President

Catherine M. Waters, R.N., Ph.D. CITY AND COUNTY OF SAN FRANCISCO
Vice President Edwin M. Lee, Mayor

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
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Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION

Department of Public Health



Barbara A. Garcia,
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Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, December 11, 2012
3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE OCTOBER 9, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of October 9, 2012*
- 3) FOR DISCUSSION AND POSSIBLE ACTION: NEW PHARMACY RESIDENCY PROGRAM
(David Woods, Chief Pharmacy Officer)
**Report*
- 4) FOR DISCUSSION AND POSSIBLE ACTION: HOSPITAL ADMINISTRATOR'S REPORT
(Susan A. Currin, Chief Executive Officer)
**Report*
- 5) FOR DISCUSSION AND POSSIBLE ACTION: PATIENT CARE SERVICES REPORT
(Sharon McCole Wicher, Chief Nursing Officer)
**Report*

- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY AND SAFETY MEASURES UPDATE**
(Sue Schwartz, Director of Performance Improvement)
**Report*
- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL REPORT**
(Sue Schwartz, Director of Performance Improvement)
**Minutes of November 20, 2012 Meeting*
- 9) **PUBLIC COMMENT****
- 10) **CLOSED SESSION:**

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 9, 2012**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

D) **Reconvene in Open Session**

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

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American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

Sonia E. Melara, MSW
President

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MINUTES

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Tuesday, December 11, 2012 3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Present: Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner David J. Sanchez, Jr., Ph.D.

Excused: Commissioner Edward A. Chow, M.D.

Staff: Susan Currin, Sharon McCole-Wicher, Elena Tinloy, Dave Woods, Mark Jones, Sue Carlisle, MD, Baljeet Sangha, Shannon Thyne MD, Sue Schwartz, Todd May MD, Dan Schwager, Regina Gomez, Adrienne Tong, Kathy Jung, Kathleen Murphy, Anson Moon, Kim Nguyen, Mark Morewitz, Jeff Critchfield MD

Commissioner Waters served as Chair and called the meeting to order at 3:02pm.

2) APPROVAL OF THE MINUTES OF THE OCTOBER 9, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the October 9, 2012 SFGH JCC were unanimously approved.

3) NEW PHARMACY RESIDENCY PROGRAM

David Woods, Chief Pharmacy Officer, Elana Tinloy, Director of Pharmacy, and Mark Jones, Residency Director, gave the presentation.

The program participates in a national matching system; the first residents will begin the program in July 2013. The American Society of Health Pharmacists will conduct a site visit in spring of 2013 to determine whether the initiation accreditation will be for one, two or three years.

Dr. Thyne stated that the family medicine, pediatric, and internal medicine residency programs have leadership training components that would be relevant for the pharmacy residents.

Commissioner Comments/ Follow-Up:

Commissioner Sanchez thanked the SFGH Pharmacy Executive Staff for the excellent presentation. He added that the residency program will give residents a comprehensive training opportunity.

4) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer gave the report.

Program Updates:

1. SFGH Quality and Leadership Academy Program Received Top Honor From CAPH

I am very happy and proud to announce that SFGH Quality and Leadership Academy Program received top honor from the California Association of Public Hospitals (CAPH) in its annual Quality Leaders Awards. The CAPH/Safety Net Initiative Quality Leaders Awards recognize and showcase innovative and creative system improvements achieved by California's public hospitals and health systems. The Quality and Leadership Academy is a team-based multidisciplinary training program that aims to support rising leaders and stimulate cross-departmental collaboration to spread innovation across the delivery system. Since October 2011, the Academy has convened more than 40 staff members from various disciplines across the care continuum working on five initiatives: Sepsis Management, Central Line-Associated Bloodstream infections, Venous Thromboembolism Prevention, Patient –Centered Medical Homes, and Computerized Provider Order Entry.

2. Opening of the Clinical Decision Unit

On November 27, SFGH opened its new Clinical Decision Unit, located in Unit 4C. This 8-bed unit, managed by the Emergency Department (ED) clinical staff, will provide observation services for ED patients who may require additional treatment or assessment before determining the safety of discharge or the need for inpatient hospital admission. Benefits to the ED include improvement in patient flow and greater efficiency and safety of patient care. Potential outcomes include reduced diversion rates, reduction in inappropriate discharges from the Emergency Department, reduced hospital admissions of less than 24 hours, improved patient satisfaction and fewer "left without being seen" (LWBS) patients.

3. Initiating LEAN In the OR/PACU

SFGH initiated its third LEAN improvement project (value stream) in the Operating Rooms (OR) and Post Anesthesia Care Unit (PACU) on November 26. With the participation of 25 staff members, including physicians, nurses, porters, clerks, nurse anesthetist, engineers, and a patient, this initial step allowed staff to better understand the workplace and the current work flow, and to identify areas of improvements. The first Kaizen (improvement workshop) is planned for mid-January, focusing on 5S, which is a tool for workplace organization. 5S is an acronym for Sort, Set in Order, Shine, Standardize and Sustain and is the foundation for all future improvement work.

4. Study of Lower Level of Care Psychiatry Patients Placement Needs

DPH Placement Department staff were at SFGH last week (December 3-6) to assess the placement need of Psychiatry patients whose discharge plan is to home/hotel/shelter. This effort was to see if Placement would be able to disposition these patients more quickly than anticipated by the Treatment Team, thus reducing the number of Lower Level of Care days.

The aim for the Placement Team was to facilitate needed wrap-around supports services, and to document as a gap service those support service that are not available. A staff person from the Progress Foundation, participating in this trial, assessed all patients with a discharge plan to home/hotel/shelter to determine if a brief ADU stay would facilitate an earlier exit.

5. Holiday Events at SFGH

SFGH Annual Children's Winter Wonderland Holiday Party will be held Thursday, December 13, in the Cafeteria. Activities includes photos with Santa Claus, magicians, face painting, carolers, SF Mobile Zoo, the George Washington High School Symphony Orchestra, and Health and Wellness Gift Bags for the children. Last year, over 600 children attended the event.

Last Sunday (December 9), the Harley Riders held their annual Gift Drop Off, donating toys to children of our community. It was estimated that over 100 motorcyclists and classic car enthusiasts participated.

6. Patient Flow Reports for November 2012

A series of charts depicting changes in the average daily census is attached.

Medical/Surgical

Average Daily Census was 213.3, which is 1% above the number of budgeted beds and 87% of physical capacity of the hospital. 4% of the Medical/Surgical days were lower level of care and 11% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, **excluding 7L**, was 46.7, which is 74% of budget and 73% of physical capacity (7A, 7B, 7C). ADC for 7L was 4.0, which is 57% of budget (n=7) and 33% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of July 2012, shows 76% non-acute days (15% lower level of care and 61% non-reimbursed). This data is based on discharges, and do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 18.8, which is 67% of our budgeted beds and 63% of physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 76.2, which is 72% of both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 73% of budgeted beds and physical capacity.

Mr. Moon stated that the DPH staff are still working with the AVATAR system to produce data for SFGH reports.

Commissioner Comments/Follow-Up:

Commissioner Waters asked for clarification of the definition of decertified and administrative classifications. Ms. Currin stated that SFGH receives some reimbursement for patients classified under administrative days because a patient has been referred to a level of care that is not available. However, SFGH receives no reimbursement for patients classified as decertified.

5) PATIENT CARE SERVICES REPORT

Sharon McCole-Wicher, Chief Nursing Officer, gave the October and November reports.

2320 RN Vacancy Rates: The overall 2320 RN vacancy rate for areas reported below is 3.7%.

Staffing Ratio Data for the Month of November 2012; all shifts were covered.

Professional Nursing Practice Data for the Month of November 2012

Retention/Professional Development:

Nursing Grand Rounds was held on November 15 with Dr. Edward O'Neil presenting: *The Affordable Care Act: Foreseeable Implications of Practice*. Dr. O'Neil's thought provoking presentation engaged the large audience in understanding how the ACA will change clinical practice at SFGH and how nurses and all clinicians can think about improvements to practice and patient outcomes.

At the conclusion of Nursing Grand Rounds, the DAISY award was presented to Leo Evangelista, psychiatric staff RN on 7C. Leo was honored for his contributions to patient care and nursing leadership on 7C.

Nursing Excellence:

The NDNQI satisfaction survey data was sent to SFGH on December 3rd. The data will be analyzed and results produced, with an expected roll out of unit findings by early 2013.

Emergency Department (ED) Data for the Month of November 2012

The Emergency Department (ED) had a Diversion rate total of 29% (212 hours) for the month of November 2012. The ED encounters for the month of November totaled 5236 patients, 854 of those were hospital admissions.

The Emergency Department Clinical Decision Unit (CDU) opened November 27, 2012. Initially, the new CDU had a narrow range of appropriate diagnoses that were being accepted to the unit, but as staff has been oriented and operational details are confirmed, the ED is broadening the inclusion criteria for the beginning of the second week of the unit's opening. So far, for the initial patients that have gone to the unit, it has been a great success.

Ms. Currin stated that Psychiatric Emergency Services have done a wonderful job of effectively streamlining patient flow.

6) QUALITY AND SAFETY MEASURES UPDATE

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Waters asked the current sample size used for clinic surveys. Ms. Schwartz stated that SFGH has used 400 as a sample size for inpatient patient surveys and that this number will be increased to enable SFGH to gather more representative data for each unit.

Commissioner Waters asked whether there is an issue with the number of staff in regard to some of the efficiency measures. Ms. Currin stated that ten requisitions for new positions have recently been made available which will assist SFGH in this area.

7) MEDICAL STAFF REPORT

Shannon Thyne M.D., Chief of Staff, gave the report.

Anesthesia Service Leadership Update – Dr. Marks announced that Dr. Robin Stackhouse, Vice Chief, and Clinical Director of Anesthesia, is out on medical leave for the next three months. In the interim, Dr. Jessica McDermott will be the Acting Vice Chief and Clinical Director of the Anesthesia Service.

Associate Trauma Medical Director – MEC welcomed Dr. Mitchell Cohen, newly appointed Associate Trauma Director at SFGH.

Jack McAninch, MD, Service Chief, SFGH Urology – Dr. McAninch will receive the American College of Surgeons (ACS) 2012 Distinguished Service Award, the College's highest honor. The ACS Board of Regents named Dr. McAninch the recipient of this year's award based on his "steadfast and inspirational

commitment to the initiatives and principles embodied by the American College of Surgeons, his work as a surgeon and leader, and his dedication to educating students and surgeons.

SFGH Activities and Providers in the Media:

- SF Gate, Sept 25, 2012 Edition – “HIV Patients and Aging Process”. The article featured the work done at SFGH for HIV patients, and ongoing research on the effects of the aging process.
- SF Gate, Sept 25, 2012 Edition – “Concussions Affect Young Athletes Too”. Dr. Geoff Manley, Chief, SFGH Neurosurgery, wrote the article which highlighted the need to more to better protect the most vulnerable and numerous athletes, the youngsters.
- AC360 (Anderson Cooper Show) – Dr. Renee Hsia was recently featured in a segment discussing consumer information about health care costs. Additionally, Dr. Hsia recently gave an interesting presentation in a recent Pediatric Grand Rounds about healthcare disparity, and differential treatments related to emergency care. Other Clinical Services are encouraged to invite Dr. Hsia in their grand rounds.
- SF Gate: City Insider- “Salesforce.com Foundation Pledges \$10 million to District 10” – The article featured the \$1.5M grant from Salesforce.com Foundation to the San Francisco General Hospital Foundation and Southeast Health Center. The grant will fund a two-year pilot project where up to 1,100 uninsured children can get coordinated physical and mental health treatment to address ailments that have been interfering with them succeeding in school.
- SF Chronicle Health Section – Dr. Edgar Pierluissi, SFGH Medicine Service, will have a column in the new Health Section of SF Chronicle regarding the hazards of hospitalization for the elderly. Ms. Rachael Kagan encouraged members to submit ideas or articles for possible contribution to the SF Chronicle’s Health Section.

2011-2012 HSF Annual Report – Ms. Tangerine Brigham gave a brief presentation to MEC members of the 2011-2012 Healthy San Francisco Annual Report, which was recently presented to the Health Commission.

Highlights include the following:

- Milestones, HSF-SF Path Transition and HCSC
- Enrollment Trends and Participants Demographics
- Service Delivery System and Utilization
- Participant Experience and Satisfaction
- Expenditures and Revenues
- ACA (Affordable Care Act) Preparations

Ms. Brigham pointed out that DPH and HSF’s preparations for ACA started in July 2011 when the Department successfully transitioned over 10,000 participants from HSF into a new federally supported program, SF PATH. Ms. Brigham stated that in January 2014, HSF will have been in operation for 6.5 years, and in many respects, San Francisco will be ahead of the curve in its local health reform preparations. DPH, its community partners, and HSF will increasingly focus its activities on ACA preparedness over the next two years.

DPH Budget Process – Mr. Greg Warner, Chief Financial Officer and Ms. Jenny Louie, SF DPH Budget Director, gave a presentation to MEC about the DPH budgeting process, which included the following areas:

- Budget Outlook
- DPH Budget Planning
- Overview of Budget Process
- Historical Data and Projections on Structural Deficits
- Upcoming 5-year Financial Challenges – Annual Structural Salary Deficit, Inflationary Costs, New Hospital Furniture, Fixtures and Equipment, New Hospital Transition Costs, Remaining Campus Capital need, New Hospital Staffing Costs and IT/Electronic Health Records

- Budget Development Process

Ms. Louie pointed out concerns about the increasing structural deficit in the last two years, with close to \$42M of total spending above budget in FY 2011-12, the reliance on the general fund for support, and the pressure for additional revenues. Mr. Wagner expressed his gratitude to MEC for its support and collaborative work in the DPH budgeting process.

The Financial Fitness Clinic – Dr. Adam Schickedanz, UCSF Pediatric Resident, introduced the Financial Fitness Clinic at SFGH, a program unique to SFGH, and is aimed at providing assistance to patients needing financial support. Dr. Schickedanz stated that the program's concept is based on the understanding that the patients' economic circumstances have consequences to their health status, and that clinicians can play a valuable role in directing patients to appropriate resources. This DPH-wide program provides scheduled clinic sessions in the Community Wellness Center that focus on financial education, community and social resources, and financial coaching.

ADMINISTRATION/REGULATORY/COMPLIANCE

ED-CDU (Clinical Decision Unit) Introduction – Ms. Terri Dentoni (for Dr. Craig Smollin, ED) and Dr. Chris Barton, Chief, ED, gave an overview about the ED-CDU (Clinical Decision Unit), a designated area where patients are managed to determine need for admission. Care needs are generally greater than 6 hours and less than 24 hours. The report outlined the following:

- The CDU Concept
- Location and Staffing
- Benefits to patient and hospital
- Patients appropriate for CDU
- Oversight and Metrics

Dr. Barton stated that the CDU Unit will start with five most common diagnoses: asthma, syncope, chest pain, hyperglycemia, and abdominal pain. The CDU is targeted to open Nov 27, 2012, with 4 beds for the first couple of months with plans to expand to 8 beds thereafter. Members commended Dr. Craig Smollin for his work in organizing this much needed observation unit at SFGH.

Clinical Documentation Integrity Program—Clinical Documentation Specialists (CDS): Shannon Oropeza, RN, Eric Shaffer, RN, BSN and Heather Harris, MD, provided updates about the CDI program. Following initial implementation in August, a total of 66 charts were reviewed, and 50% of these charts were noted as having opportunity for increasing specificity. Improved and more accurate documentation of the severity of illness in 15 charts is projected to generate a 14% increase in SFGH Medicare reimbursements. The CDI program provides a vital tool for the hospital to improve accuracy of clinical records and increase CMI, which will translate to more reimbursements for the hospital. Additionally, the CDI program will improve comparative performance reports, ensure compliance, and enhance patient care quality. More CDI presentations and educational activities are forthcoming.

SFGH OPPE Policy

MEC approved the Medical Staff's OPPE policy, which is a Joint Commission requirement intended to provide guidelines for ongoing professional practice evaluation (OPPE). The policy allows the hospital to identify professional practice trends that impact quality of patient care and patient safety. Policy attached.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

Laboratory Medicine Service Report – Eberhard Fiebig, MD, Chief

The report included the following:

- Scope of Services – Clinical Services provided, scope of clinical work, hospital based clinical work, ambulatory based clinical work, structure of Department and Leadership (Organizational Chart)

- Faculty and Residents – Number and organization, leadership team, education and training
- Performance Improvement and Patient Safety Initiatives – Current PIPS initiatives (Microbiology, Chemistry/Toxicology, Blood Bank, Hematology), Review of NPSG Indicators, Patient Satisfaction Data, Department's participation in PIPS activities, Department's involvement in Hospital/Med Staff Committee, OPPE process, Dissemination of Information from Med Staff/Hospital Leadership to Faculty and Staff.
- Research – Clin Lab support of UCSF/SFGH/DPH research projects, Lab Med Faculty research/creative activities
- Financial Report – expenses, charges
- Strengths/Weaknesses – Strengths include experienced, loyal staff, UCSF affiliation, collaborative relationship with clines, chemistry/toxicology capabilities. Weaknesses include the challenging infrastructure and limited resources.
- Challenges – Staffing, pre-analytical phase of testing, point of care testing, IT management f Lab records in multiple EMRs, and demand for new tests and services.
- 2012-2014 Goals – Staff recruitment and retention, Implement collection Manager System (Specimen Barcoding at Collection), upgrade instrumentation and implement new Assays in Micro/Chemistry/Hematology Labs, POCT Upgrades (glucometers, BG instruments), and improve lab security.

Dr. Fiebig pointed out that the Service has been allocating a significant amount of time to support other Department's PIPS activities, i.e. development of lab order screens, and consultation on EDIS, CPOE, and ECW implementation. Dr. Fiebig also highlighted barcode labeling of specimens at the point of collection as the Service's PIPS's priority, in efforts to decrease specimen rejection rates, improve efficiency, and increase patient safety. Members applauded Dr. Fiebig for his outstanding report, and the Laboratory Medicine's valuable services to the hospital

OB-GYN Service Report – Rebecca Jackson, MD, Chief

Dr. Jackson highlighted the Service's mission, which is to promote justice, quality and equity in women's health care. This mission statement is a constant motivational force for residents, faculty and staff. The report included the following highlights:

- Scope of Services
- Faculty and Residents
- PIPS – The Service participates in (SCIP) Surgical Care Improvement Project. A big outpatient project is a study conducted on how to decrease wait-time in 5M. The study identified baseline waits at each step in process for OB visits. Dr. Jackson highlighted the Service's rates on C-sections, Episiotomies, and Post- partum hemorrhage, which are significantly lower than the national average rates.
- Education
- Research
- Strengths, - Faculty, staff and trainees are committed, dedicated, creative and skilled.
- Challenges - Service is faced by several challenges including the declining birth rate, which adversely affects resident education and revenue.
- Goals – Dr. Jackson's primary goal is to improve perinatal services and increase volume. The second goal is to develop a formal curriculum in care of underserved women for residents and medical students.

Members thanked Dr. Jackson for her outstanding report, and commended the excellent services provided by the OB-GYN Service's residents and faculty. Members agreed that the hospital needs to embark on a marketing plan for patients in the community clinics to promote the SFGH OB-GYN Service.

OB/GYN Rules and Regulations

MEC approved the updated 2012 OB-GYN Clinical Service Rules and Regulations presented by Dr. Rebecca Jackson for review and approval. Changes were minimal. See attached summary of changes.

ACTION ITEMS APPROVED AT NOV 20 HEALTH COMMISSION CLOSED SESSION:

1. Privilege Lists Revisions/Standardized Procedure Updates

- Cardiology Privilege List - The Division of Cardiology requested to add Holter Monitoring to its core privileges to reflect current practice.
- Radiology Privilege List - The Department of Radiology requested to separate Fluoroscopy privilege from its general diagnostic core privileges to reflect current practice. The committee reviewed the revised privileges list and voted to approve the changes as submitted with the following additional revision to make the proctoring criteria more clear: "Trainees or the Graduates of the UCSF Radiology Training Program hired onto the faculty require supervision of a single procedure." This replacement shall be applied to all areas of the Radiology privileges list.

2. Laboratory Medicine Rules and Regulations:

MEC approved the updated 2012 Laboratory Medicine Clinical Service Rules and Regulations presented by Dr. Eberhard Fiebig for review and approval. Below is a summary of proposed changes:

1. Changed review cycle from "annual" to "at least biannual" in sections III B. (Review of Privilege Request Form) and XII. (Adoption, review and Amendment).
2. Clarified the review and voting process on revisions and amendments of these service rules and regulations in section XII.

3. Reference Laboratory Services and Blood Supply Source for SFGH

Dr. Fiebig presented for MEC's review and approval the list of reference laboratories for laboratory tests (revised 08/29/12) that cannot be performed in-house. Dr. Fiebig also presented a recommendation to continue the hospital's current contract with Blood Centers of the Pacific (BCP) in San Francisco as the source facility for blood and blood products. BCP is an FDA-registered, AABB-accredited facility, which has been the hospital's blood supplier for over 50 years.

4. Policy on Emergency (STAT) Services and Tests, Critical Values

Dr. Fiebig presented the policy on Emergency (STAT) Services/Tests, and the list of SFGH Clinical Laboratory Critical Values for MEC's review and approval. The values have been adopted in consultation with the medical staff, and the only change this year is on the base deficit value which was lowered from 30 to 10, to be consistent with UCSF Moffitt Hospital values.

Commissioner Comments/Follow-Up:

Commissioner Waters asked which San Francisco hospital has the market share of OB/GYN services. Dr. Thyne stated that CPMC provides the most OB/GYN services but the trend is showing that more patients are choosing SFGH due to its high quality and culturally sensitive services.

Action Taken: The Committee unanimously approved the following:

- SFGH OPPE Policy
- OB/GYN Rules and Regulations

8) QUALITY COUNCIL REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Waters stated that she is pleased to see the mortality rates decrease.

Action Taken: The December, 2012 Quality Council Report was unanimously approved.

9) PUBLIC COMMENT

There was no public comment.

10) CLOSED SESSION

APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 9, 2012

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee approved the Credentials Report and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 4:41pm.

Sonia E. Melara, M.S.W.
President

Catherine M. Waters, R.N., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
Department of Public Health**



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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AGENDA

**JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL**

**Tuesday, January 8, 2013
3:00 p.m.**

**1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

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- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE DECEMBER 11, 12 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of December 11, 2012*
- 3) **FOR DISCUSSION AND POSSIBLE ACTION:** **SFGH REBUILD**
(Terry Saltz, Mark Primeau, Ron Alameida)
**Report*
- 4) **FOR DISCUSSION AND POSSIBLE ACTION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Susan A. Currin, Chief Executive Officer)
**Report*
- 5) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Sharon McCole Wicher, Chief Nursing Officer)
**Report*
- 6) **FOR DISCUSSION AND** **MEDICAL STAFF REPORT**

POSSIBLE ACTION: (Shannon Thyne, M.D., Chief of Staff)
**Report*

- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL REPORT**
(Sue Schwartz, Director of Performance Improvement)
**Minutes of December 18, 2012 Meeting*
**List of SFGH Contracts*
**List of SFGH Reference Laboratories*

8) **PUBLIC COMMENT****

9) **CLOSED SESSION:**

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF
DECEMBER 11, 2012**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF
CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons,
Chief Quality Officer)

D) **Reconvene in Open Session**

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

10) **ADJOURNMENT**

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- ** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.
- *** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

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Sonia E. Melara, M.S.W.
President

Catherine M. Waters, R.N., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
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Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Tuesday, January 8, 2013 3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

**GOVERNMENT
DOCUMENTS DEPT**

FEB 11 2013

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Catherine M. Waters, RN, Ph.D.

Staff: Barbara Garcia, Sue Carlisle MD, Ron Alameida, Sharon McCole Wicher, Kathy Jung,
Mark Primeau, Sue Schwartz, Anson Moon, Valerie Inouye, Shannon Thyne, Todd May MD,
Roland Pickens, Kathleen Murphy, Dan Schwager, Rachael Kagan, Tristan Cook, Terry Saltz,
Dave Woods, Baljeet Sangha, Mark Morewitz

**2) APPROVAL OF THE MINUTES OF THE DECEMBER 11, 2012 SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING**

Action Taken: The minutes of the December 11, 2012 SFGH JCC were unanimously
approved.

3) SFGH REBUILD

Terry Saltz, SFGH Rebuild Program Director, Ron Alameida, Department of Public Works, and Tristan Cook,
SFGH Rebuild Public Relations Director, made the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow noted that the generator due date should be corrected to show February, 2013.

Commissioner Sanchez asked if the new generators are made in Canada. Mr. Alameida stated that the
generators' fuel monitoring systems is made by a firm in Canada.

Commissioner Chow requested that the Committee get a comprehensive update on the generators, including
the emergency generator system.

Commissioner Chow asked for information on the recent community meeting and whether there have been any negative reports from the neighbors. Mr. Cook stated that approximately ten people attended the meeting. In general all feedback has been positive. He added that there is an email address and phone line used to receive feedback.

4) HOSPITAL ADMINISTRATOR'S REPORT

Roland Pickens, gave the report.

Program Updates:

Emergency Department Clinical Decision Unit

The eight-bed Emergency Department Clinical Decision Unit (ED CDU) opened on November 27. Located on 4C and staffed and managed by ED clinical staff, the CDU provides observation services for ED patients who may require additional treatment or assessment before determining the stability for discharge or the indication for inpatient hospital admission.

Indicators of success will include reduced diversion rates, reduced hospital admissions of less than 24 hours, improved patient satisfaction, and fewer "left without being seen" (LWBS) patients. In addition to the initial diagnoses accepted to the CDU, six additional diagnoses were added for a total of 11 illnesses or conditions. The inclusion criteria will to be expanded at regular, controlled intervals as the unit becomes operationally efficient. As of 1/3/13, there have been a total of 69 patients cared for in the CDU.

1. Automated Call-Routing for Interpreter Services

In December, automated call routing was initiated at Interpreter Services. When providers call Interpreter Services, they are provided a menu of languages (associated with numbers). Upon pressing the number for the requested language, they are linked directly to the interpreter without needing to go through the dispatcher.

Interpreter Services is a critical component of Service Excellence and Clinical Quality at SFGH. There are days when over 400 calls are handled. The vast majority of interpreter requests are for Spanish and Chinese. The challenge is that, at peak times, all of the requests get bottle-necked at the two dispatchers. Providers are often asked to 'hold' while the dispatchers are attempting to manage multiple calls. 'Automated call routing' by-passes this dispatch bottle-neck.

2. Sojourn Chaplaincy Services Highlighted in the SF Chronicle

As the city's only trauma center and safety net hospital, SFGH has a commitment to care for the physical and spiritual needs of its patients and staff. For more than 30 years, The Sojourn Multi-Faith Chaplaincy, a 501C-(3) charitable entity, has been a major force guiding the provision and coordination of chaplaincy services at SFGH. A recent story in the San Francisco Chronicle (Dec 27) described the work of the chaplains and its importance to patients in crisis. (<http://www.sfgate.com/health/article/S-F-General-s-chaplains-offer-solace-4147876.php#photo-3947571>)

3. Patient Flow Reports for December 2012

A series of charts depicting changes in the average daily census is attached.

Commissioner Comments/Follow-Up:

Regarding the Emergency Department (ER) Clinical Decision Unit, Commissioner Chow asked if SFGH has researched how similar units are operated at other hospitals. Dr. May stated that SFGH studied the successful model at Stanford. He noted that other SFGH observation units may eventually be linked to the ER observation unit to promote maximum patient flow efficiency.

Dr. Thyne stated that the SFGH unit is unique because the ER operates the unit and patients in the unit remain ER patients. She added that Nurse Practitioners care onsite for patients under the supervision of ER physicians. Commissioner Chow asked for an update on this Unit in six months.

Commissioner Chow asked for more information on the impact of the forensic unit on the SFGH budget. Ms Inouye stated that the forensic unit is funded out of the DPH general budget.

5) PATIENT CARE SERVICES REPORT

Sharon McCole Wicher, Chief Nursing Officer, gave the report.

December 2012-2320 RN Vacancy Rates: Overall 2320 RN vacancy rate for areas reported is 2.9%.

Staffing Ratio Data for December 2012: all shifts were covered.

Professional Nursing Practice Data for the Month of December 2012

Retention/Professional Development:

The Research Council hosted its first teleconferenced Journal Club on December 19, 2012. Maya J. Vasquez, Lactation Consultant for the Birthing Center, and Ocean Berg, CNS working on the Nurse-Family Partnership, presented SFGH's journey to becoming the first Baby-Friendly Hospital in the city of San Francisco.

A group of SFGH nursing staff will participate in this year's Evidence Based Practice (EBP) fellowship. One of the objectives of this fellowship is to foster skill development in use and application of research in improving patient outcomes at SFGH.

Nursing Excellence:

Led by Anita Roberts, a Med-Surg Nurse Educator, the Professional Development Council will be supporting roll-out of the DAISY award at SFGH. A goal of this roll-out is to make recognition of exceptional nurses a regular focus. The Nursing Excellence Committee will support the Professional Development Council in this effort through education and encouragement of award nominations by staff, patients, and families.

Hyacinth Vega Mussenden, RN, PhD, Special Projects Coordinator, has been elected the new member of the Board of Directors for the Health Initiative for Youth (HIFY). She plans to support development of HIFY's mentorship programs as well as assist in the design, implementation and evaluation of their community-based health programs.

Emergency Department (ED) Data for the Month of December 2012

For the month of December 2012, the Emergency Department (ED) had a Diversion rate total of 39% (n=288). The ED encounters totaled 5104 patients, 854 of which led to hospital admissions.

Psychiatric Emergency Service (PES) Data for the Month of December 2012

PES patient encounters were 562 and 590 in the month of November 2012 and December 2012 respectively. PES admitted 166 patients to SFGH's inpatient psychiatric units in December 2012, an increase from 160 patient admissions in November 2012. In December, a total of 424 patients were discharged from PES with the following disposition: 27 to ADUs, 21 to other psychiatric hospitals, and 376 to community/home.

There was a decrease in Condition Red hours between the months of November and December. In November, PES was on condition Red for 27.65 hours during 5 episodes, with an average length of 5.53 hours. In December, PES was on Condition Red for 23.8 hours during 5 episodes, with an average length of 4.76 hours.

The average length of stay in PES decreased from 16.51 hours to 15.43 hours between the months of November and December.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral. *Accepted and Arrived Referrals* refer to patients that have been approved by PES for admission and are admitted to the unit. *Accepted and Cancelled Referrals* refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. *Inappropriate Referrals* refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement. Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between April 2012 and December 2012, the percentage of referrals that were accepted and admitted to PES increased from 36% to 74%, the percentage of referrals that were accepted but cancelled decreased from 49% to 10%, and the percentage of referrals identified as inappropriate increased from 15% to 16%. These trends can be attributed to the improved screening of referrals by PES staff (triage nurse, psychiatrist, and eligibility workers).

Commissioner Comments/Follow-Up:

Commissioner Chow noted the Diversion rate was still 40% in December regardless of the opening of the new ER Clinical Decision Making Unit. Dr. Carlisle stated that not only volume impacts Diversion, but also the acuity of the patients.

Dr. May stated that beginning January 14, 2013, patients, whose medical home is within the DPH, who have already been brought to other hospitals, will be transferred to SFGH, through the ER, as soon as possible to reduce out-of-network costs.

6) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

ADMINISTRATION/REGULATORY/COMPLIANCE

Hospital Flow Committee – Ongoing activities geared towards improving patient flow issues that impact the ED include the following:

- Emergency Medicine Diversion Reduction Initiative – Members were reminded that in May 2010, MEC approved the adoption and implementation of the Emergency Department Diversion Reduction Initiative. This initiative aims to transfer all patients out of the Emergency Department within 90 minutes of the decision to admit. Only the Medicine Service and the Family Medicine Service have implemented this initiative. All other admitting services are now asked to implement this initiative to help alleviate ED overcrowding. The Committee is also looking at further reducing the 90 minute time frame for a more timely and effective care for patients.
- Telemetry Beds – The Committee has identified overuse of telemetry beds on wards 5D and 4B. The excessive initiation of telemetry and the delays in discontinuance of telemetry have adversely impacted patient flow on the inpatient units and in the ED. MEC reviewed the new form - SFGH Adult Telemetry Bed Order (for non-ICU patients) – which lists guidelines for telemetry (initiation and discontinuation) in non-ICU settings. Starting Dec 24, 2012, no patients will be admitted to a non-ICU setting without completion of this form.
- Avoiding Lower Level of Care (LLOC) Admissions Pilot – UM will be working closely with ED faculty and a designated hospitalist attending to identify possible LLOC patients early in their ED work-ups. The plan is to start aggressive discharge planning, in order to avoid admissions. The initiative will be piloted in the ED beginning 12/17/12. The key to this initiative is that the medical issues for patients

will be addressed by the ED clinicians, allowing them to discharge the patients to the discharge lounge or ED waiting area while the social needs continue to be handled by the UM and ED social work staff.

State of the Hospital/Looking Ahead to 2014: SF DPH's Integrated Delivery System –Dr. Alice Chen gave a presentation about the status of the SF DPH's Integrated Delivery System. Dr. Chen highlighted the need for physician leaders who are deeply engaged in clinical quality, operations, and patient experience. The hospital's ability to meet the expectations of the healthcare reform law will rely heavily on physician leadership involvement in hospital initiatives (e.g., EMR implementation, LEAN/operational efficiencies, Quality metrics/data, Incentive payment plans, Service Excellence). MEC discussed the integration process, including challenges and ways to engage physician participation in the hospital's performance improvement programs and re-design of clinical care delivery system within an academic environment. Members agreed that high quality patient care at SFGH should be the first priority, and educational training systems should be built around it. Members acknowledged the huge challenges in incorporating patient centered care in residency education, and agreed that this is a good time to partner with the University in the development of patient centered training models for housestaff

Revisions to OPPE Form – Medicine Pulmonary Critical Care - MEC approved the revised OPPE form as presented.

Revisions to Pediatric Privilege List - MEC approved the Pediatric Service's request to add 32.21.1 Central Line Placement, reflecting current practice.

ED RN Trauma Panel Laboratory Tests Standardized Procedures - MEC approved the ED RN Trauma Panel Laboratory Tests standardized procedures.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

Community Primary Care Service Report– Lisa Johnson, MD, Service Chief

The report outlined the following:

- COPC Mission Statement and Principles
- Structure and Leadership
- Clinical Services and Programs – 7 General Primary Care clinics, 5 Clinics serving special population, and new program COPC-wide (Complex Care Management, and Nurse Advise Line)
- Volume Statistics – COPC Active Panel, unduplicated patients and medical visits, patient demographics, top ten diagnoses, payor
- Performance Improvement and Patient Safety – Physician specific data for Reappointment and OPPE Measures, Team Based Care, Panel Management, 2012 Quality Council Goals, Diabetes Care; Plans to improve Access, Patient Safety Goals for Primary Care
- Financial Report – High reliance on General Fund.
- Strengths – Dedicated, mission-driven staff, strong patient-provider relationships, delivery system with high level of integration, and PCMH (Patient Centered Medical Homes) Concept/Vision Shared across SFDPH
- Challenges – Bureaucratic obstacles, physical plant limitations, Quality Data Reporting with SF Carelinks, Patient Experience and Service Excellence, Training and Coaching for Patient Centered Medical Home, and Operations structure.
- 2013 Initiatives – Focus will be on the role of nurses, continuing development of team-based care, and expanding access.

Dr. Johnson stated that the Service is moving into new models of primary care that are developing across the country, in response to major changes in the healthcare industry. For the last few years, the Service has been working on two major PIPS initiatives: development of team-based care, and the use of panel management for more prepared, proactive and effective delivery of care. Dr. Johnson acknowledged major challenges with

access to care, and discussed action plans for improvement. Members thanked Dr. Johnson for her excellent report, and commended her outstanding work on improving the delivery and quality of care across all CPC clinics.

Community Primary Care Service Rules and Regulations

Dr. Johnson presented for review and MEC approval the updated CPC 2010 Rules and Regulations. Substantive changes were made for the following:

- Revision of all references to “CPC Chief of Service or COPC Medical Director” has been changed to “CPC Chief of Service” alone, to reflect current situation: CPC Chief of Service also acts as COPC Medical Director in the SF Department of Public Health organizational structure.
- Section on Patient Experience survey revised to reflect new introduction of vendor administered CG CAPHs survey at some COPC health centers, continued paper survey administered by health center at other sites.

Commissioner Comments/Follow-Up:

Commissioner Chow requested that the Committee receive an update on Community Oriented Primary Care, with a focus on quality measures.

Action Taken: The following were unanimously approved:

- Revisions to OPPE Form – Medicine Pulmonary Critical Care
- Revisions to Pediatric Privilege List
- ED RN Trauma Panel Laboratory Tests Standardized Procedures
- Community Oriented Primary Care Service Rules and Regulations

7) QUALITY COUNCIL REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Action Taken: The following were unanimously approved:

- The Quality Council Report
- The list of SFGH Contracts and Associated Measures
- The Lab Master List

8) PUBLIC COMMENT

There was no public comment.

9) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 11, 2012

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

Action Taken: The Committee approved the Credentials Report and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 4:54pm.

Sonia E. Melara, M.S.W.
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Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
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AGENDA

**JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, February 12, 2013

3:00 p.m.

**1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Cecilia Chung
Commissioner David J. Sanchez, Jr., Ph.D.

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE JANUARY 8, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of January 8, 2012*
- 3) **FOR DISCUSSION AND POSSIBLE ACTION:** **UPDATE ON LEAN**
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Report*
- 4) **FOR DISCUSSION AND POSSIBLE ACTION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Susan A. Currin, Chief Executive Officer)
**Report*
- 5) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, Interim Chief Nursing Officer)
**Report*

SFGH JCC Agenda

February 12, 2013

Page 1

- 6) FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 7) FOR DISCUSSION AND POSSIBLE ACTION: **QUALITY COUNCIL REPORT**
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of January 15, 2013 Meeting*

8) PUBLIC COMMENT**

9) CLOSED SESSION:

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 8, 2013**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
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HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, February 12, 2013 3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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CALL TO ORDER

Present: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Cecilia Chung

Excused: Commissioner Edward A. Chow, M.D., Chair

Staff: Sue Currin, Sue Carlisle M.D., Iman Nazeeri-Simmons, Troy Williams, David Woods, Baljeet Sangha, Dan Schwager, Valerie Inouye, Kathy Jung, Shannon Thyne M.D., Terry Dentoni, Roland Pickens, Anson Moon, Kimvan Nguyen (operation/admin)

Commissioner Sanchez thanked former Health Commissioner Catherine Waters RN, Ph.D. for her service on the SFGH JCC and welcomed Commissioner Chung at this meeting.

2) APPROVAL OF THE MINUTES OF THE JANUARY 8, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the January 8, 2013 SFGH JCC were unanimously approved.

3) UPDATE ON LEAN

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chung asked how patient advisers were chosen. Ms. Dentoni stated that patients who already had an established rapport with SFGH staff were chosen to participate.

Commissioner Chung asked for clarification on the plan to insure the work done as part of this process is sustainable. Ms. Nazeeri-Simmons stated that full implementation of the standards developed during this

process is vital for its success. She added that regular and ongoing follow-up of activities is presented regularly in report-backs by supervisors.

4) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

1. Staff Change

Sharon Wicher has assumed the permanent position of Behavioral Health Center Director. Sharon has been providing direct administrative oversight at the Center for the past six months, focusing on the ongoing regulatory and clinical challenges. We thank Sharon for her service as Chief Nursing Officer and know that her extensive experience and knowledge of behavioral health will be critical to the success of the program.

Other changes at SFGH include Terry Dentoni's appointment to the position of Interim Chief Nursing Officer, the appointment of Jay Kloo as interim Nurse Manager in the Emergency Department and, taking over as interim Director of Regulatory Affairs is Elaine Coleman.

2. Community Meeting for UCSF Research Building on SFGH Campus

UCSF will be hosting a community meeting on Monday, February 11th at 6:30 p.m., in the SFGH Cafeteria, to introduce a proposal for a new research building on the SFGH campus. SFGH is home to 170 UCSF principal investigators receiving more than \$160 million in grants each year for research that has direct benefits to patients and the community. The new building would provide updated lab space that meets UC seismic requirements for research programs that are currently located in the red brick buildings on campus. Current plan is for the new research building to be built on the parking lot near the Emergency Department entrance, located off of 23rd St. Construction would start after completion of the Rebuild and open by 2018.

3. Heroes and Hearts Luncheon

The eighth annual Heroes & Hearts luncheon will take place on Valentine's Day (February 14) this year, honoring local heroes and artists while raising funds for the San Francisco General Hospital Foundation, all under a big tent at AT&T Park. This year's heroes include Rochelle Dicker, MD, trauma surgeon at SFGH and founder of the Wraparound Project, one of the nation's first hospital-based violence prevention programs. Also being honored are two SFGH social workers, Carol Lam and Rachel Orkand, who are recognized for their extraordinary work with cancer patients. In addition to spotlighting exceptional community heroes, 13 new heart sculptures will be auctioned with proceeds benefitting the Foundation. The luncheon is followed by the very popular evening event – Hearts After Dark – already in its fourth year.

4. Patient Flow Reports for January 2013

A series of charts depicting changes in the average daily census is attached.

Commissioner Comments/Follow-Up:

Commissioner Sanchez stated that Dr. Carlisle gave a presentation to the full Health Commission in 2012 regarding the substantial amount of research done by UCSF on the SFGH campus. Ms. Currin stated that one of the ways SFGH attracts some of the best practitioners in the world is the research being done by UCSF on the campus.

5) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

January, 2013-2320 RN Vacancy Rates: Overall 2320 RN vacancy rate for areas reported is 1.6%.

Staffing Ratio Data for January 2013: all shifts were covered.

Professional Nursing Practice Data for the Month of January 2013

Sponsored by the Professional Development Council, Nursing Grand Rounds is scheduled for February 6. Annie Bustin RN, Disaster Coordinator for the SFGH ED, will present on the role of Nursing in disasters. Annie has experience working with the federal government on both national (Katrina) and international (Haiti earthquake) disasters.

A DAISY award will be presented at the start of Grand Rounds.

January is the start of the Spring semester /Winter quarter for Schools of Nursing. SFGH is a clinical placement site for multiple schools of Nursing: USF, CCSF, SFSU, Samuel Merritt, UCSF, and Dominican University. SFGH hosts LVN students and graduate students from Nurse Practitioner and Clinical Nurse Specialist programs. Each semester, approximately 300 undergraduate nursing students and 50 graduate students complete clinical placements with teaching and guidance from SFGH nursing staff.

Nursing Excellence:

NDNQI RN Survey results from October 2012 are being prepared for dissemination to all Nursing staff and Nursing Directors.

Retention and Professional Development

Hiring has been completed for a training program in the ED, scheduled to begin in February, and a training program in Critical Care, scheduled to begin in March. Currently, the OR is interviewing candidates for a training program scheduled for March/April. Psychiatry will be interviewing candidates for seven positions, both for a training program and for experienced RNs.

The Emergency Department (ED) had a Diversion rate of 34% (254 hours) for the month of January 2013. The Trauma Override rate was 20% (154 hours). The ED encounters totaled 5104 patients, 854 of those were hospital admissions. The hospital invoked Condition Yellow Status for 502 hours of the month.

In December, PES had 590 patient encounters. In January, PES had 604 patient encounters. PES admitted a total of 170 patients to SFGH inpatient psychiatric units in January, an increase from 166 patient admissions in December. In January, a total of 434 patients were discharged from PES: 35 to ADUs, 19 to other psychiatric hospitals, and 380 to community/home.

There was an increase in Condition Red hours from December to January. In December, PES was on condition Red for 23.8 hours, during 5 episodes, averaging 4.76 hours. In January, PES was on Condition Red for 76.6 hours during 9 episodes. The average length of Condition Red was 8.51 hours. The increase in Condition Red can be attributed partly to timing of patient arrivals, with large groups arriving in PES in a short period of time. In addition, patient complexity has increased in January.

The average length of stay in PES was 17.97 hours in the month of January, an increase from 15.43 hours in December.

6) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

ADMINISTRATION/REGULATORY/COMPLIANCE

Service Specific Practice Guidelines

Dr. Thyne reminded members about new regulatory standards requiring review of clinical practice guidelines at SFGH. Service Chiefs are requested to submit two to three diseases' treatment or management guidelines specific to the Clinical Services' practice at SFGH. Additionally, Service Chiefs are asked to include clinical

practice guidelines in their individual service reports to MEC. A new DPH website will be created where only appropriate and applicable clinical practice guidelines will be posted. Members agreed that these guidelines must be clinically useful and disseminated appropriately.

Professional Code of Conduct Report

Dr. Thyne reviewed with members the definition of professional conduct, and the processes outlined by the Professional Code of Conduct policy in resolving disruptive and inappropriate behavior. This policy was added to the Bylaws and launched in July 2009. Three tracking mechanisms are in place - Unusual Occurrence System, cases handled at the Service Chief's level, and cases handled by the Chief of Staff. Cases involving trainees are handled by the Dean's Office. Dr. Thyne presented and discussed the Nov 2011 to Nov 2012 tracking data for Unusual Occurrence (UO) reports. Data indicated a wide range of circumstances reported from trivial to very serious cases, with more cases handled at the Services' level. Dr. Thyne clarified that the highest severity attending events are generally handled outside the UO process. Dr. Thyne noted a positive general impression on the Code of Conduct policy. The Code of Conduct policy provides a defined process, which is a critical factor in enabling Service Chiefs to take responsibility and manage events at their Service level. Long-standing behavioral problems are now being addressed in the Clinical Service and Medical Staff levels for the first time. Dr. Thyne emphasized that promoting a professional work environment is key to service excellence. Proposed next steps include the creation of service-specific Professionalism Committees, standardized use of UO's and reporting to Risk Management, and a reassessment of the Code of Conduct policy. The Code of Professional Conduct is currently under review by the Bylaws Committee with plans for update in March/April 2013 via MEC vote. Dr. Thyne thanked and commended members for their support to the hospital's efforts in promoting a culture of professional standards, and the thoughtful, respectful and private management of disruptive and inappropriate behavior cases at the Clinical Services' level.

Telemetry

Dr. Thyne noted favorable results for the new telemetry guidelines since implementation on Dec 24, 2012. However, some admitting teams do not complete the telemetry forms, resulting in delays in the transport of patients to the floors. Additionally, some providers have voiced out complaints regarding getting patients off telemetry for brief periods. Dr. Thyne will present data and any identified issues with the new guidelines at the next meeting.

Lower Level of Care Admissions Pilot in ED – Dr. Thyne gave an update about the ED initiative "Avoiding Lower Level of Care (LLOC) Admissions Pilot", which took effect on 12/17/2012. The pilot initiative involves UM working closely with ED faculty and a designated hospitalist attending to identify possible LLOC patients early in their ED work-ups. Results to date indicate that there are no issues in the ED with admission of lower level of care patients. More data will be presented at the forthcoming Hospital Flow Committee meeting.

Revisions to Combined Medicine Standardized Procedures , NP/PA

Removed 'Flexible Sigmoidoscopy protocol.

Revisions to instructions for peer references

Re-definition of who can be a peer reference in the application form for new applicants to the medical staff. See attached form.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

Dermatology Service Report– Toby Maurer, MD, Service Chief

The report outlined the following:

- Volume statistics
- Scope of Services
- Faculty and Staff

- Clinics
- Research in Geneva to capture HIV dermatologic disease on the global front and develop treatment guidelines.
- Teledermatology Services and Research
- PIPS
- National Patient Safety Goals
- OPPE
- Dermatology Clinical Practice Guidelines
- New Directions/Challenges

The Service's successful implementation of a teledermatology triage system for patients at La Clinica, San Mateo and Alameda County has resulted in significant decrease in wait times for dermatology consults. Dr. Maurer is working on implementing a similar program within CHN, starting with Ocean Park, Chinatown and St. Anthony's. Dr. Maurer also presented the revised Dermatology OPPE form (which now includes specific thresholds on parameters) and the Dermatology clinical practice guidelines on attending notification. Dr. Maurer emphasized the need to update the service's IT infrastructure in order to address the increasing demand for dermatology services. Dr. Members applauded Dr. Maurer for her excellent report and commended the outstanding services provided by the Dermatology Service to SFGH.

Dermatology Service Rules and Regulations

- No changes

Action Taken: The Committee unanimously approved the following:

- Dermatology Service Rules and Regulations
- Revisions to instructions for peer references
- Revisions to Combined Medicine Standardized Procedures , NP/PA

7) QUALITY COUNCIL REPORT

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Action Taken: The Committee unanimously approved the Quality Council Report.

8) PUBLIC COMMENT

There was no public comment.

9) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 8, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

Action Taken: The Committee approved the Credentials Report and voted not to disclose other discussions held in closed session

10) **ADJOURNMENT**

The meeting was adjourned at 4:37pm.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
Department of Public Health**



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

AGENDA

**JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL**

**Tuesday, March 12, 2013
3:00 p.m.**

**1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Cecilia Chung
Commissioner David J. Sanchez, Jr., Ph.D.

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE FEBRUARY 12, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of February 12, 2013*
- 3) **FOR DISCUSSION AND POSSIBLE ACTION:** **RESOLUTION OF COMMITMENT TO TRAUMA CARE AT SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER**
(Patricia O'Connor, Trauma Program Manager)
**Draft Resolution*
- 4) **FOR DISCUSSION AND POSSIBLE ACTION:** **DSRIP UPDATE**
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Report*
- 4) **FOR DISCUSSION AND POSSIBLE ACTION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Susan A. Currin, Chief Executive Officer)
**Report*

SFGH JCC Agenda

March 12, 2013

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5) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, Interim Chief Nursing Officer)
**Report*

6) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
**Report*

7) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL REPORT**
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of February 19, 2013 Meeting*

8) **PUBLIC COMMENT****

9) **CLOSED SESSION:**

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 12, 2013**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

D) **Reconvene in Open Session**

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This

SFGH JCC Agenda

March 12, 2013

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matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines *#9 San Bruno*, *#9X San Bruno Express*, *#19 Polk* (stops 2 blocks away), *#33 Stanyan*, and *#48 Quintara-24th St.* For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

Sonia E. Melara, M.S.W.
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MINUTES

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL

Tuesday, March 12, 2013 3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Cecilia Chung, member
Commissioner David J. Sanchez, Jr., Ph.D., member

Staff: Sue Currin, Sue Carlisle MD, Sue Schwartz, Laure Marshall, Kathy Murphy, Todd May
MD, Jeff Critchfield MD, Troy Williams, Terry Dentoni, Roland Pickens, Dan
Schwager, David Woods, Anson Moon, Kathy Jung, Mark Morewitz, Patti O'Connor,
Baljeet Sangha

The meeting was called to order at 3:02pm.

2) APPROVAL OF THE MINUTES OF THE FEBRUARY 12, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the February 12, 2013 SFGH JCC were unanimously approved.

3) RESOLUTION OF COMMITMENT TO TRAUMA CARE AT SAN FRANCISCO GENERAL HOSPITAL AND
TRAUMA CENTER

Patricia O'Connor, Trauma Program Manager, stated that the resolution is part of the preparation process for
the American College of Surgeons survey of SFGH scheduled for later this year.

Action Taken: The Committee recommended that the full Health Commission approve the
resolution.

4) DSRIP UPDATE

Sue Schwartz, Director of Performance Improvement, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Sanchez noted the recent Health Commission approval of a contractor with Health Management Associates, which includes activities to assist other DPH Divisions with preparation activities for Health Care Reform. He questioned whether these or other consultant services will provide assistance to SFGH in its preparation for Health Care Reform. Ms. Currin stated that because of regulatory requirements, SFGH has existing infrastructure to be able to collect, analyze, and report data necessary for Health Care Reform preparation.

Commissioner Chow asked how much revenue is earned by achieving the DSRIP benchmarks. Laure Marshall, SFGH Performance Improvement, stated that SFGH receives approximately \$10M a year from its DSRIP activities. Ms. Currin stated that in the past, the DSRIP revenue was put into the City's General Fund to assist with the City's budget process. She noted that new leadership in the Center for Medicare and Medicaid Services (CMS) have requested that SFGH submit more stringent benchmarks because it did so well in achieving its current goals.

4) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

1. Dr. Sue Carlisle Honored by Department on the Status of Women

As part of Women's History Month, the San Francisco Department on the Status of Women is hosting a celebration at the March 19, 2013 Board of Supervisors meeting, where each Supervisor will recognize a woman from the community who has made a significant contribution to their field. The theme for 2013 Women's History Month is "Women Inspiring Innovation Through Imagination: Celebrating Women in Science, Technology, Engineering and Mathematics." Supervisor Scott Wiener has selected Dr. Sue Carlisle to receive this honor for District 8 – recognizing her as a leader in the medical field, a champion for a medical institution that is critical to San Francisco's healthcare industry, and a proven advocate for women in the medical profession.

2. Presentation of CIRT Program at CSHRM 2013 Annual Conference

Dr. Jeff Critchfield, Medical Director of Risk Management, and Troy William, Director of Risk Management, presented SFGH's Critical Incident Response Team Program (CIRT) at the 2013 Annual California Society for Healthcare Risk Management Conference. CIRT is activated at the time of a critical incident and coordinates an appropriate response and interventions to provide support to staff in crisis.

3. Patient Flow Reports for February 2013

A series of charts depicting changes in the average daily census is attached.

Ms. Currin added that she has been meeting regularly with Barbara Garcia, DPH Director, and Greg Wagner, DPH CFO in addition to the Controller's Office regarding SFGH budget structural issues which impact the DPH budget.

5) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

1. 2320 RN Vacancy Rates for the Month of February 2013

The overall 2320 RN vacancy rate for areas reported is 3.6%.

2. Staffing Ratio Data for the Month of February 2013: All shifts were covered.

3. Professional Nursing for the Month of February 2013

Retention/Professional Development:

The SFGH/DPH Nurses week celebration honoring DPH nurses will be held at SFGH on May 9. Planning is underway for the hospital wide celebration with award presentations for the DAISY, Friend of Nursing, O'Connell and Public Health Nursing award.

Nursing Excellence:

Jewish Vocational Services is honoring SFGH with the 2013 Business Leadership award at the May 2013 Strictly Business luncheon. JVS will create a video to be shown at the luncheon which will highlight the complementary missions of the two organizations and the collaborative work through the RN Refresher program, the Bay Area Medical Academy for training medical assistants, and training for incumbent workers at SFGH in service excellence and leadership skills.

4. Organizational Announcement for Department of Nursing February 2013

With the appointment of Terry Dentoni RN, MSN, CNL to Interim Chief Nursing Officer, the Department of Nursing has been restructured as follows:

Kathy Ballou, RN, MSN, CNL - Nursing Director of Acute Psychiatry and Behavioral Health will be expanding her current role and will be the Interim Nursing Director for Peri-Operative and Surgery Specialty Clinics. The following Psychiatry Nurse Managers will continue to report to Kathy:

- Andrea Crowley – Interim Nurse Manager for PES and 7L
- Karen Napitan - Nurse Manager for 7A
- Suzette De Jesus - Nurse Manager for 7B and 7C
- Deborah Logan - Nurse Manager for OTOP
- Janet Hines - Nurse Manager for CASARC

Leslie Dubbin, RN, MS, PhDc, Nursing Director of Clinical Operations, Primary Care and Medical Specialties will expand her role and become the Interim Nursing Director for the Emergency Department. The following Nurse Managers will continue to report to Leslie:

- Rosaly Ferrer - Nurse Manager for 1M and Ward 92
- Ricardo Ballin – Nurse Manager for Urgent Care and FHC through April 2013
- Olga Ivanco – Nurse Manager will assume responsibility for the FHC on April 2013
- Laura Salcido – Nurse Manager for Hematology and Oncology through March 2013
- Ditas Hernandez – Nurse Manager will assume responsibility for Hematology and Oncology on March 2013
- Diane Jones – Nurse Manager for PHP and Ward 86
- Kathleen Flanagan – Nurse Manager for 5M and 6G
- Lannie Adelman – Nurse Manager for 6M
- Amanda Gong – Chronic Dialysis
- Clay Hooper – Charge Nurse for POCT

In her new role as the Nursing Director for the Emergency Department, Kathryn Fowler-Nurse Manager and Jay Kloo-Nurse Manager, report directly to Leslie.

Jeff Schmidt, RN, BSN: AOD and Nursing Director of Infomatics will report to Leslie. The following people will report to Jeff:

- Craig Wong - Lead Clinical Informatist
- Cesli Galan - Clinical Informatist

- Nikitia Hardwick - Clinical Informatist
- Marco Lopez - Clinical Informatist
- Eric Shaffer - Clinical Document Specialist
- Shannon Oropeza - Clinical Document Specialist
- Shula Luck - HIT coach eCW o Emma Bathke - HIT coach eCW

The following Nursing Administration Managers will have the following responsibilities and will report to Terry:

Gillian Otway, RN, MSN, CNL – Nurse Manager, will be responsible for Nursing Administrative Operations, Nurse Recruitment, Human Resource Liaison, Registry Contracts, Bed Control, Staffing, and TTWA Program.

Leslie Holpit, RN, MS – Nurse Manager, will be responsible for Nurse Recruitment/Retention and Education Manager, Nursing School Liaison, Magnet Coordinator, Policy and Procedure Coordinator.

Genevieve Farr, RN, MS will be the Interim Nursing Director of Critical Care, Cath Lab, Acute Dialysis and Medication Management Representative for Nursing. The following Nurse Managers will report to Jennie:

- Elisha Perez - Interim Nurse Manager for 4B and Acute Dialysis
- Nora Brennan - Interim Nurse Manager for 4E and Lift Team
- Steve Smith - Interim Nurse Manager for 5E/R
- John Kelly – Director for Respiratory Care Services
- Genevieve Farr – Cath Lab

Sharon McCole-Wicher, RN, MS: Director of Behavior Health Center. The following Managers will report to Sharon:

- Grad Green, Nurse Manager, Skilled Nursing Facility
- Linda Sims, Nurse Manager, Mental Health Rehabilitation Center
- Janel Holland, Social Worker, Adult Residential Facility

Nela Ponferrada, RN, MSN, CNL - Nursing Director of Medical Surgical Nursing, Peri Natal and 4A SNF. The following Nurse Managers report to Nela:

- Michael Daly – Nurse Manager for 4D, 6A and 7D
- Bridgette Hargarten – Nurse Manager for 5A
- Purificacion “Chie” Quevedo – Nurse Manager for 5C
- Angie Canas – Nurse Manager for 5D
- Louise Di Mattio – Perinatal Nurse Manager for 6C
- Fe Hortinela – Perinatal Nurse Manager for 6H
- Edna Parades – Nurse Manager for the 4A SNF

Ana Sampera, RN, MSN, CNS - Nursing Director of Utilization Management. The following Nurse Managers report to Ana:

- Merjo Roca
- Irin Blanco

Patti O'Connor, RN, MS – Trauma Program Director

5. New Social Networking and Communication Policy 8.29

SFGH has implemented a new policy regarding staff's personal use of internet based platforms for work related communication, including clinical care.

This is an issue that healthcare organizations across the country are dealing with. In support of the new Social Networking and Communication Policy 8.29, classes were conducted on the night shift to inform staff of the policy content and allow for discussion. Thirty five attendees participated in the class with Leslie Dubbin, Nursing Director and SEIU lawyer Kerianne Steele. The Professional Development Council and SEIU have partnered to create informative classes and communications specifically for night shift staff.

6. Emergency Department (ED) Data for the Month of February 2013

The Emergency Department (ED) had a Diversion rate of 38% (255 hours for the month of January 2013). The Trauma Override rate was 9% (60 hours). ED Encounters totaled 4610 patients, 748 of those were hospital admissions.

7. Psychiatric Emergency Service (PES) Data for the Month of February 2013

PES had 604 patient encounters during January 2013 and 569 in February. PES admitted a total of 147 patients to SFGH inpatient psychiatric units in February 2013, a decrease from 170 patient admissions in January. In February a total of 422 patients were discharged from PES: 41 to ADUs, 18 to other psychiatric hospitals, and 363 to community/home.

There was a decrease in Condition Red hours from January to February. PES was on Condition Red for 70.8 hours during 12 episodes in February. The average length of Condition Red was 5.89 hours. In January, PES was on condition Red for 76.6 hours, during 9 episodes, averaging 8.51 hours.

The average length of stay in PES was 17.26 hours in the month of February, a decrease from 17.97 hours in January.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral. *Accepted and Arrived Referrals* refer to patients that have been approved by PES for admission and are admitted to the unit. *Accepted and Cancelled Referrals* refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. *Inappropriate Referrals* refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement. Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between May 2012 and February 2013, the percentage of which the patient was accepted and was admitted to PES increased from 29% to 59%, the percentage of which the referral was accepted but cancelled decreased from 41% to 12%. This month there was an increase in inappropriate patients presented- from 21% in January to 29% in February. These included medically unstable patients, and those with private or out of county insurance. The number of transfer requests decreased, from 92 in January to 76 in February

Commissioner Comments/Follow-Up:

Commissioner Chow asked whether the issue of staff posting work-related information online has become increasingly problematic. Ms. Currin stated that there have been several incidents that have prompted the SFGH Administration to tighten the policy and staff training around this issue.

Commissioner Chung asked if staff are allowed to take and post pictures from work. Ms. Dentoni stated that pictures of staff are allowed to be taken in the break room but not in areas (e.g. nurse stations) where there may be patients or patient information that could be captured in the photo.

Kathy Murphy, SFGH Deputy City Attorney, stated that the DPH Central Administration is working with SFGH to adapt the policy for the Department. Commissioner Sanchez stated that staff involved in the development and enforcement of the policy should be commended.

Commissioner Chow asked how SFGH nursing will interact with the Director of Infomatics. Ms. Currin stated that because the DPH does not have clinical specialists to maintain the clinical aspects of the data systems, nurses work closely with IT staff in the development and maintenance of the systems.

Commissioner Chow asked for an explanation for the increase in Diversion rates. Ms. Dentoni stated that SFGH has to insure the safety of patients who are already in the Emergency Room. Ms. Currin reminded the Committee that SFGH no longer can place patients in the Emergency Room hallway, which reduces the amount of patients that can be seen; this change of practice has an impact on patient flow. Dr. May stated that there are times when several high acuity trauma patients are admitted at once which utilizes a number of staff dealing with these cases; these cases may also impact patient flow and, therefore Diversion. He added that trauma patients are still admitted during Diversion.

Commissioner Chow stated that the rate of inappropriate referrals has increased. Ms. Currin stated that these referrals are outside the authority of SFGH because other hospitals have made the referrals.

Regarding PES data, Commissioner Chung asked for more information regarding how SFGH was able to make improvements in the fall of 2012. Ms. Currin stated that the new medical director brought policy and procedure changes which have increased the number of encounters and overall effectiveness of the unit.

6) MEDICAL STAFF REPORT

Todd May, M.D., Chief Medical Officer, gave the report.

LEADERSHIP/ACHIEVEMENTS/MEDIA

Heroes and Hearts Luncheon – The eight annual Heroes and Hearts luncheon took place on Feb 14, 2013 at the ATT Park. This year's heroes included Dr. Rochelle Dicker, founder of the Wraparound Project, one of the nation's first hospital-based violence prevention programs.

ADMINISTRATION/REGULATORY/COMPLIANCE

Trauma Task Force – Dr. Thyne and Dr. Mitchell Cohen informed members about recent changes to the Trauma Task Force, in line with efforts to adapt a team approach to the care of trauma patients at SFGH. Roll out target dates will be in March and April, and the Committee will come back to a future MEC meeting to give a full report. Dr. Thyne noted nursing leadership and ancillary services participation in the meetings of the trauma task force.

ACTION ITEMS:

- Procedural Sedation Privilege Revision – Clarifications on board certification/admissibility requirements for the privilege were made. (Copy attached)
- Return to Work Form – Members reviewed the latest draft of the "Medical Clearance to Return to Work" approved by the Credentials Committee, and requested a language change on the instruction "Please mail original document" to "Please return via fax, email or mail". (Copy attached)
- Standardized Procedures:
 - Women's Option Center – renewal with minor changes
 - PharmD Standardized Procedures
 - Definition of Experience Provider

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

Anatomic Pathology Service Report– Walter Finkbeiner, MD, Service Chief

The report outlined the following:

- Vision, Mission and Goals
- SFGH Pathology Scope of Clinical Services
- Pathology Organization – Faculty and Staff
- SFGH Pathology Residency Program
- PIPS
- Research
- Financial Report
- Strengths and Weaknesses

Recent accomplishments include the implementation of telepathology system and eCW for cytopathology. Dr. Finkbeiner pointed out increasing challenges particularly in ordering supplies, and capital equipment through the City, the under-resourced IT Department, and the increased complexity of cases and “theranostics”. Goals for 2013-15 include the launching of an FNA clinic, expansion of research faculty, transfer of animal brain removal to a more appropriate city agency before moving morgue to the new hospital, and the hiring of a Pathology Assistant. Longer-term goals include relocation of Pathology close to OR and other sites of patient care.

Anatomic Pathology Reference Laboratories

MEC approved the list of approved outside laboratories for use by Anatomic Pathology. (Copy attached)

Anatomic Pathology Service Rules and Regulations

Dr. Finkbeiner presented the Anatomic Pathology’s Rules and Regulations for MEC’s annual review and approval. Proposed changes include: (Copy attached)

- Section IX - Clarification on proctoring rules
- Section IX – change “designated physician within the service” with “the attending pathology attending staff”
- Section X – change “via” to “a”
- Appendix A – Changes to mission and goal statements, updates on explanation of electron microscopy services; faculty ranks; changes to number and classification of staff
- Appendix B – deleted irrelevant date
- Appendix C – updated organizational chart
- Appendix D – updated PIPS plan
- Appendix F – updated OPPE

Anatomic Pathology OPPE Cover Sheet

The Anatomic Pathology’s OPPE cover sheet was revised to include numerical thresholds for the metrics.

Anatomic Pathology Clinical Practice Guidelines

Dr. Finkbeiner presented the Service’s practice guidelines on Critical values (Diagnoses) that require urgent contact of the clinician to facilitate rapid intervention or treatment.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for the reason why counseling is being removed from the ultrasound procedure. Dr. May stated that all patients receive counseling but that it is not done as part of the ultrasound procedure.

Commissioner Chow requested that the “Return to Work” form should indicate that it is for medical staff.

Action Taken:

The following were unanimously approved:

- Procedural Sedation Privilege Revision
- Return to Work Form
- Standardized Procedures
 - Women's Option Center – renewal with minor changes
 - PharmD Standardized Procedures
 - Definition of Experience Provider
- Anatomic Pathology Reference Laboratories
- Anatomic Pathology Service Rules and Regulations

7) QUALITY COUNCIL REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow noted that assault rates in the Behavioral Health Center remain high and requested an update on this issue at a future SFGH JCC meeting; he added that he would like to update to include a break-down of the type of assaults. Ms. Currin stated that it is difficult to predict when assaults will occur. The SFGH staff is focusing on appropriate care planning and monitoring patients closely. Ms. Schwartz added that there is a very broad definition of assault and anything defined as such is reportable.

Action Taken: The Report was unanimously approved.

8) PUBLIC COMMENT

There was no public comment.

9) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 12, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

Action Taken: The Committee approved the Credentials Report and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 4:46pm.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice-President

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
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**Edwin M. Lee, Mayor
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AGENDA

**JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, April 09, 2013

3:00 p.m.

**1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

Commissioner Edward A. Chow, M.D., Chair
Commissioner Cecilia Chung
Commissioner David J. Sanchez, Jr., Ph.D.

8:10 a.m. m.f
**GOVERNMENT
DOCUMENTS DEPT**

APR - 8 2013

**SAN FRANCISCO
PUBLIC LIBRARY**

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MARCH 12, 2013
SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of March 12, 2013*
- 3) **FOR DISCUSSION AND
POSSIBLE ACTION:** **SERVICE EXCELLENCE UPDATE**
(Baljeet Sangha, Chief Patient Experience Officer)
**Report*
- 4) **FOR DISCUSSION AND
POSSIBLE ACTION:** **QUALITY MANAGEMENT REPORT**
(Sue Schwartz, Director of Performance Improvement)
**Report*
- 5) **FOR DISCUSSION AND
POSSIBLE ACTION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Susan A. Currin, Chief Executive Officer)
**Report*
- 6) **FOR DISCUSSION AND** **PATIENT CARE SERVICES REPORT**

SFGH JCC Agenda

April 9, 2013

Page 1

POSSIBLE ACTION: (Terry Dentoni, Interim Chief Nursing Officer)
**Report*

7) **FOR DISCUSSION AND** **MEDICAL STAFF REPORT**
POSSIBLE ACTION: (Shannon Thyne, M.D., Chief of Staff)
**Report*

8) **FOR DISCUSSION AND** **QUALITY COUNCIL REPORT**
POSSIBLE ACTION: (Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of March 19, 2013 Meeting*

9) **FOR DISCUSSION AND** **BEHAVIORAL HEALTH CENTER REPORT**
POSSIBLE ACTION: (Yifang Qian, Medical Director, SFBHC)
**Report*

8) **PUBLIC COMMENT****

9) **CLOSED SESSION:**

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF MARCH 12, 2013**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines *#9 San Bruno*, *#9X San Bruno Express*, *#19 Polk* (stops 2 blocks away), *#33 Stanyan*, and *#48 Quintara-24th St*. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

Sonia E. Melara, M.S.W.
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MINUTES

**JOINT CONFERENCE COMMITTEE
FOR SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, April 09, 2013 3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

GOVERNMENT
DOCUMENTS DEPT

MAY 13 2013

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Cecilia Chung
Commissioner David J. Sanchez, Jr., Ph.D.

Staff: Sue Currin, Sue Carlisle MD, Sue Schwartz, Iman Nazeeri-Simmons, Troy Williams, Baljeet Sangha, Terry Dentoni, Roland Pickens, Shannon Thyne MD, Kathleen Murphy, Anson Moon, Dan Schwager, Jenny Chacon (QM), Colleen Riley MD, Yifang Qian MD, Sharon Wicher, Jeanette Cavano, Jeff Critchfield MD, Mark Wilson MD

2) APPROVAL OF THE MINUTES OF THE MARCH 12, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the March 12, 2013 SFGH JCC were unanimously approved.

3) SERVICE EXCELLENCE UPDATE

Baljeet Sangha, Chief Patient Experience Officer, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification of which providers participated. Dr. May and Dr. Thyne stated that medical staff and affiliated medical staff participated.

Commissioner Chung asked whether the impact of the project will be sustainable taking into consideration the turnover of residents. Mr. Sangha stated that sustainability of the service excellence is being implemented on all units. During Human Resource interviews for new staff, candidates are told of the importance of service excellence. Mr. Sangha also stated that there are train-the-trainer programs in place to keep the knowledge and reinforce good practice at SFGH. Dr. Carlisle stated that many residents at SFGH also practice at the

Veteran's Administration (VA) and UCSF, both of which have service excellence projects. These residents often bring issues and projects to SFGH from their experience at the VA and UCSF.

Commissioner Chow asked how service excellence will be brought to other sections in the DPH. Ms. Currin stated that the Integrated Steering Committee has discussed the issue. LHH and COPC are currently participating; the next phase will bring in Population Health and Prevention clinics such as TB and City Clinic. She stated that Mr. Sangha is working with SFGH and COPC. LHH will soon have its own designated staff person working on service excellence.

Mr. Pickens stated that as DSRIP ends in October of 2015, the funding for the service excellence programs may shift.

4) QUALITY MANAGEMENT REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chung asked for clarification on the issues with antibiotic selection. Ms. Currin stated that there were two cases where antibiotics were not available. Dr. Thyne stated that because the number of total cases in this area is so small, these two cases resulted in statistical significance noted in the report.

Commissioner Chow asked for clarification on the reduction in the overall rating. Ms. Currin stated, access to services is the issue and she gave the example of SFGH patients having to call to make an appointment instead of doing so online.

Commissioner Chow asked for clarification on the score reflecting the rate of staff explaining medication side effects. Ms. Dentoni stated that there is a task force working on plans to improve these scores. Commissioner Sanchez recommended having checklists for staff to use as a guide.

Commissioner Chung asked how SFGH measures whether the medical provider has heard a patient's concerns. Ms. Dentoni stated that SFGH audits the nurses in regard to the process of explaining issues related to medication.

Ms. Nazeeri-Simmons stated that if the "Usually" and "Always" scores are combined, SFGH achieves scores in the upper 80's on these measures.

Mr. Williams stated that SFGH is attempting to send out the surveys soon after discharge to assist in improving scores.

5) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

Program Updates:

Lean Update

San Francisco General Hospital established a Lean Visibility Wall, located on the second floor of the Main Hospital, outside of 2A5 Administration Suite. Utilizing the Visibility Wall, the lean specialist (value stream support) conducts Tier 1 Report Outs to the CEO and Executive Team weekly on progress made towards Improvement Plan's targets, status of standard work, 5S sustainment, challenges, barriers, and successes. In March, the Executive Team selected the 4D Med-Surg Unit as the 4th Value Stream, which will launch in July 2013.

Nurses Week

May 6, 2013 is National Nurses Day, and also the first day of National Nurses Week. Several events are planned at SFGH, including the Nurses Week Reception on May 9, 2013, where we will recognize and celebrate the contributions of the DPH Nursing Staff.

There will be Nursing Grand Rounds on May 8 and Nursing Leadership will thank the night shift staff with It's Ice Cream bars on May 9.

Rebuild, Neighbors and City Partner on Potrero Ave. Streetscape Plans

Potrero Ave. is due for a facelift from 21st to 25th Streets that could include repaving, widening sidewalks and planting medians along the corridor. The Rebuild team is partnering with neighbors, DPW, the Planning Department and SFMTA to finalize these plans and coordinate schedules to coincide with the completion of the new hospital.

At the March 26th Rebuild community meeting, the Department of Public Works shared two initial options for street improvements. Option A would replace current painted medians along the center of Potrero Ave. with raised, planted medians; add sidewalk 'bulb outs' at bus stops to improve pedestrian safety; and add a two-foot buffer zone between car traffic and existing bike lanes. DPW also plans to repave streets around the hospital, including 22nd St., 23rd St., Vermont St. and San Bruno Ave.

Option B would widen the east sidewalk to 15 feet (currently nine feet), eliminating 30-40 parking spots, and would also include the planted median, bulb-outs and a one-foot buffer for the existing bike lane.

Neighbors voiced their opinion both in favor and against aspects of the proposals and then broke up into small groups for in-depth conversations with engineers and planners. Plans will be revised based on feedback and presented at a second public meeting in May 2013. Design and planning will continue through 2013, with construction starting in summer of 2014 and wrapping up in the summer of 2015. More information is available on the Potrero Streetscape Improvements page at sfdpw.org.

Patient Flow Reports for March 2013

A series of charts depicting changes in the average daily census is attached.

6) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

2320 RN Vacancy Rates for the Month of March 2013

The overall 2320 RN vacancy rate for areas reported is 4.3%.

Staffing Ratio Data for the Month of March 2013; all shifts were covered.

Professional Nursing for the Month of March 2013

Retention/Professional Development:

San Francisco State University is recruiting SFGH RN staff interested in completing a BSN degree to begin classes in the fall of 2013. Classes will be held on the SFGH campus. The first SFGH cohort of 13 is scheduled to graduate in May 2013.

Two Dorothy Washington Scholarships will be awarded at the May Nurses Week celebration to SFGH staff who are enrolled in BSN or MSN programs.

Emergency Department (ED) Data for the Month of February 2013

The Emergency Department (ED) had a Diversion rate of 39% (288 hours) for the month of March 2013. The Trauma Override rate was 5% (34 hours) a 45% decrease compared with February. ED Encounters totaled 5048 patients, 827 of those were hospital admissions.

Psychiatric Emergency Service (PES) Data for the Month of March 2013

PES had 569 patient encounters during February 2013 and 623 in March. PES admitted a total of 142 patients to SFGH inpatient psychiatric units in March 2013, a decrease from 147 patient admissions in February. In March a total of 481 patients were discharged from PES: 33 to ADUs, 24 to other psychiatric hospitals, and 424 to community/home.

There was an increase in Condition Red hours from February to March. PES was on Condition Red for 84.6 hours during 15 episodes in March. The average length of Condition Red was 6.33 hours. In February, PES was on condition Red for 70.8 hours, during 12 episodes, averaging 5.89 hours.

The average length of stay in PES was 16.98 hours in the month of March, a decrease from 17.26 hours in February

7) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

LEADERSHIP/ACHIEVEMENTS/MEDIA

Annual Medical Staff Dinner – The 2013 Annual Medical Staff Dinner will be held on Thursday, May 23, 2013.

Bennie Jeng, MD, Chief of Ophthalmology –Dr. Bennie Jeng will be leaving SFGH in August to accept the position as Chairman, Ophthalmology Department of the University of Maryland. Members congratulated Dr. Jeng, and thanked him for his outstanding leadership of the SFGH Ophthalmology Service. A Search Committee will be underway in the coming months.

ADMINISTRATION/REGULATORY/COMPLIANCE

Major Hospital Initiative Presentations – In efforts to disseminate information and engage all faculty/staff on Health Reform, MEC leadership (Dr. Alice Chen, Dr. Todd May, Dr. Jeff Critchfield and Dr. Will Huen) will be coming to Clinical Services' faculty meetings to present and discuss major hospital initiatives, including Service Excellence, Pay for Performance, and other components of the Affordable Care Act. Service Chiefs are asked to allot 30 minutes of one of their faculty meetings for this presentation before June 30, 2013. Members recognized the critical need to ensure that all faculty and staff are educated on the Affordable Care Act, and its impact on the delivery of care at SFGH. Members also applauded Dr. Neil Powe, Dr. Jeff Critchfield, Dr. Alice Chen, and Dr. William Huen for the excellent and powerful presentation entitled "UCSF/SFGH in the Era of Health Reform" at the March 19, 2013 Medicine Grand Rounds. Members proposed a repeat of the Medicine Grand Rounds' presentation for the entire SFGH campus.

Standardized Procedures: Anesthesia NP SP

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

Emergency Service Report– Christopher Barton, MD, Service Chief

The report outlined the following:

- Mission Statement
- Scope of Services
- Faculty and Staff
- Volume Statistics – Visits and Admissions by Year, Ambulance traffic reports, ED Diversion, Ambulance Bunching, Trauma (types of patient injuries seen), Trauma Activations, ED-CDU Census, Performance Metrics, Efficiency Metrics
- Finance – Prof Fee Collections by Month/Yr, Sources of Income, Expenses, Revenue and Expense Projections
- Teaching/Residency – Numerous teaching awards received by the ED faculty
- Research/Publications – Over \$5M in research funding as of last year, an 846% increase from 2010.

- PIPS – PI Measures/Indicators 2013, OPPE, Complications Reporting, Patient Satisfaction Data
- Hospital Committees Participation/Communication to Medical Staff and Hospital Leadership

Dr. Barton highlighted the Service mission to teach students and house staff how to provide compassionate care to the underserved patients from many cultures with undifferentiated illnesses regardless of social standing. Dr. Barton gave an update about the Service's 2011 accomplishments, including EDIS (Emergency Department Information System) which went live April 2011, revenue enhancement with the use of EDIS and outsourcing billing, professionalism in the work place, and activities to improve and optimize patient flow. Dr. Barton also highlighted under "Scope of Service", the new ED- Clinical Decision Unit, an e-bed observation unit that started in November 2012. The unit is for patients with disorders requiring extended LOS but not admission. Goals for 2013 include plans to develop a streamlined and organized approach to trauma management, improve patient flow, and strict adherence to the hospital's Professional Standards of Conduct policy.

Emergency Medicine Service Rules and Regulations

The key areas of content change are:

- Job Descriptions for leadership positions (Medical Director, Director of PI, Director of CDU)
- Emergency Services Consultation Criteria for Orthopedics
- Clinical Decision Unit and the attachment describing the Rules and Regulations for CDU.
- Meeting requirements.

Emergency Medicine Service OPPE

The ED OPPE form was revised to include specific thresholds on parameters. Language clarification requested for "Conscious Sedation Comps" to indicate "Moderate Sedation Complications".

Emergency Medicine Service Specific Practice Guidelines

Dr. Barton presented three clinical practice guidelines:

- STEMI Activation System
- TBI Intubation Guidelines
- Trauma Airway Management Guidelines

Commissioner Comments/Follow-Up:

Commissioner Chow asked if SFGH uses independent Nurse Practitioners (NP) in anesthesia procedures. Dr. Thyne stated that physicians conduct the initial patient assessment and then the NP conducts a follow-up as part of the pre-operation procedures. A physician also sees the patient directly before surgery.

Action Taken:

The following were unanimously approved:

- Standardized procedures: Anesthesia NP SP
- Emergency Medicine Service Rules and Regulations
- Emergency Medicine Services Specific Practice Guidelines

8) QUALITY COUNCIL REPORT

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Action Taken: The Report was unanimously approved.

9) BEHAVIORAL HEALTH CENTER REPORT

Yifang Qian MD, Medical Director, Jeannette Cavano, pharmacist, SFBHC, and Sharon McCole-Wicher, Nursing Director, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chung asked for more information on the discharge plans for patients who were deemed aggressive. Dr. Qian stated that the Behavioral Health Center (BHC) has ongoing assessments for all patients to note changes in a patient's condition. Ms. McCole-Wicher stated that the BHC works with DPH Placement to find appropriate facilities when developing a discharge plan. If a patient is at risk for harming someone or him/herself, the patient will not be discharged at that time. The majority of patients are discharged to LHH or board & care facilities.

Commissioner Chow asked how client satisfaction is validated for the BHC population. Dr. Qian stated that staff review the surveys in groups but do not assist in helping patients fill out the forms. She added that most of the patients who do not respond do not participate in groups.

8) PUBLIC COMMENT

There was no public comment.

9) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF MARCH 12, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

Action Taken: The Committee approved the Credentials Report and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 5:01pm.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice-President

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
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AGENDA

**JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, May 14, 2013

3:00 p.m.

**1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

05-13-13A08:31 RCLVD

**GOVERNMENT
DOCUMENTS DEPT**

MAY 13 2013

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Cecilia Chung
Commissioner David J. Sanchez, Jr., Ph.D.

1) CALL TO ORDER

2) PROPOSED ACTION:

**APPROVAL OF THE MINUTES OF THE APRIL 9, 2013
SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of April 9, 2013*

**3) FOR DISCUSSION AND
POSSIBLE ACTION:**

SFGH REBUILD
(Terry Saltz, Mark Primeau, Ron Alameida)
**Report*

**4) FOR DISCUSSION AND
POSSIBLE ACTION:**

FY 2013-2015 PROPOSED BUDGET
(Valerie Inouye, SFGH Chief Financial Officer)
**Report*

**5) FOR DISCUSSION AND
POSSIBLE ACTION:**

PATIENT FLOW
(Shannon Thyne, M.D., Chief of Staff and Leslie Dubbin,
Nursing Director of Clinical Operations)
**Report*

- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** **UTILIZATION MANAGEMENT REPORT**
(Ana Sampera, Director of Utilization Management)
**Report*
- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Susan A. Currin, Chief Executive Officer)
**Report*
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, Interim Chief Nursing Officer)
**Report*
- 9) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 10) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL REPORT**
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of April 16, 2013 Meeting*
- 11) **PUBLIC COMMENT****
- 12) **CLOSED SESSION:**
- FOR ACTION:** **APPROVAL OF CLOSED SESSION MINUTES OF APRIL 9, 2013**
- FOR ACTION:** **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)
- FOR DISCUSSION:** **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

13) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after

distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

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***** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.**

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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, May 14, 2013 3:00 p.m.

**1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

**GOVERNMENT
DOCUMENTS DEPT**

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1) CALL TO ORDER

Present: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Cecilia Chung

Excused: Commissioner Edward A. Chow, M.D., Chair

Staff: Sue Currin, Sue Carlisle M.D., Shannon Thyne M.D., Todd May M.D., Iman Nazeeri-Simmons, Dave Woods, Valerie Inouye, Shermineh Jafarieh, Terry Dentoni, Anson Moon, Baljeet Sangha, Rachael Kagan, Tristan Cook, Ron Alameida, Dan Schwager, Kelly Hiramoto, Kimvan Nguyen, Kathryn Grabill, Ana Sampera, Leslie Dubbin, Mark Morewitz

Commissioner Sanchez called the meeting to order at 3:16pm.

2) APPROVAL OF THE MINUTES OF THE APRIL 9, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the April 9, 2013 SFGH JCC were unanimously approved

3) SFGH REBUILD

Tristan Cook, SFGH Rebuild Public Relations Director, and Ron Alameida, Department of Public Works, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chung congratulated the Rebuild team for an impressive report; she appreciates the high level of community outreach efforts. She asked if the number of Local Business Enterprises (LBE)

SFGH JCC Minutes

May 14, 2013

Page 1

utilized by the Rebuild effort is publicized or distributed to the public. Mr. Cook stated that this data is published in the Rebuild newsletter and on its website.

4) FY 2013-2015 PROPOSED BUDGET

Valerie Inouye, SFGH Chief Financial Officer, offered to answer any questions about the SFGH FY2013-2015 Proposed Budget.

Dr. Thyne stated that the Medical Executive Committee review of the budget was a helpful process. She noted that there are still issues of retention of physician expertise due to budget constrictions.

Commissioner Comments/Follow-Up:

Commissioner Sanchez requested a future presentation on budget issues as they relate to the graduate education requirements for interns and residents.

5) PATIENT FLOW

Shannon Thyne, M.D., Chief of Staff and Leslie Dubbin, Nursing Director of Clinical Operations, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Sanchez thanked Dr. Thyne and Ms. Dubbin for the report.

Commissioner Chung stated that it is an important time to tie patient flow into cost efficiency as the DPH is working towards an integrated delivery service system.

6) UTILIZATION MANAGEMENT REPORT

Ana Sampera, Director of Utilization Management, gave the report.

Ms. Currin stated that social services have been re-organized under utilization management, which has led to increased efficiency and decreased lengths of stay for some patients.

Commissioner Comments

Commissioner Sanchez commended everyone involved in improving the lower wait times and efficiencies.

7) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

Program Updates

Lean Update

We are pleased to announce the award of a \$100,000 one-year grant from the California HealthCare Foundation to spread Lean to a Community Oriented Primary Care (COPC) clinic. The grant will allow us to implement lean into one COPC clinic - Castro Mission Health Center – and to train an additional 30 staff and providers in Lean methodology. Through this grant, we seek to build on the success of SFGH's 14 month experience embedding Lean, and accelerate the SFGH's journey towards an efficient, patient centered, high-performance integrated delivery system.

E-Medication Reconciliation and E-Prescribing

E-Medication Reconciliation is being piloted on 5D with the inpatient hospitalist service. This function will help ensure that medications prescribed at the hospital are not in conflict with any medication prescribed outside the hospital.

E-Prescribing is at its one year anniversary at SFGH, and continues to be rolled out at the hospital and the community clinics. This function allows providers to order medication electronically, reducing medication error due to transcription error.

Annual Spring Fest Activities

The SFGH Annual Spring Fest took place on April 26. Hundreds of patients, community members, and staff enjoyed the activities including music, dance and exercise classes, and healthy cooking demonstrations. There were booths from community agencies and businesses such as Recology, San Francisco Parks and Recreation, Walgreens, the Humane Society, the American Heart Association, the Bayview YMCA, WIC and SF Public Utilities Commission.

A Spring Fling Staff Wellness Fair was held at the San Francisco Behavioral Health Center on May 2. This is the first Employee Wellness health fair designed, created and developed by the staff and managers. The BHC Spring Fling Festival demonstrates how a dedicated group of employees working in a tough environment with a challenging clientele can make an effort to support each other and foster a healthy work environment. The event included healthy cooking demonstrations and physical activities such as a friendly fitness competition between staff. Relaxation sessions of massage and Reiki were available.

Nurses Week Reception

The 2013 Nurses Week reception was held May 9 celebrating and acknowledging the work of the DPH Nursing staff, caring for the City's most vulnerable population. At this reception, several awards were presented:

- Gene Marie O'Connell Award recognizing a nursing leader who has strengthened the profession of nursing and the health of San Francisco residents: Maya Vasquez, who works in the Birth Center and as the Hospital Lactation Consultant.
- Friends of Nursing Award recognizing individuals whose work has promoted, facilitated and supported the contribution that nursing makes to the SFGH mission: Chief Greg Suhr of the San Francisco Police Department, and Doug Eckman, Operation Manager, UCSF Dean's Office.
- The Dorothy Washington Scholarship Awards, which provides monetary support for the professional development of nurses at San Francisco General Hospital: Mariel Lontoc, Psychiatry; Sonsire Garcia, Trauma/Surgery Intensive Care Unit; Lowayna Lewis, Children's Health Center; and Richard Nepomuceno, Emergency Department.
- Daisy Award recognizing that all nurses are extraordinary but that sometimes nurses have the occasion to be heroes in the eyes of staff, patients or families: Maeve Reid (ICU) and Cynthia Gaabucayan (Unit 4B), and Shino Honda (ED)
- Nursing Clinical Leadership Award for outstanding nursing performance improvement and evidence based practice projects: Kelly Quinn for the development of a Diabetes Clinical Pathway; and Allison Morton and Holland Stephens for improving the patient's experience by decreasing noise levels at night.

Patient Flow Reports for April 2013

A series of charts depicting changes in the average daily census is attached to the original minutes of the May 14, 2013 SFGH JCC meeting.

8) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

April 2013 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 4.3%

Ms Dentoni stated that the increase in the vacancy rate is due to a temporary hiring freeze due to budget issues.

Staffing Ratio Data for the Month of April 2013; All shifts were covered.

Professional Nursing Practice Data for the Month of April 2013

Retention/Professional Development:

A full week of activities are planned to recognize the work of SFGH and DPH nurses during nurses week, May 6-10, 2013. On Monday, RN members of the Magnet Ambassador group will round on the units with healthy snacks for staff while thanking them for their service and inviting them to activities later in the week. On Tuesday, the SFGH Nurse Manager group will have a brief wellness session on "Taking Care of Yourself with Healthy Snacks." On Wednesday, Nursing Grand Rounds titled, "An Introduction to Care of the Transgender Patient" will be held. Thursday activities include an evening reception for all DPH nurses and CNO rounds on the night shift to distribute "It's-it" ice cream sandwiches. Multiple awards will be presented at the reception including the DAISY award, Dorothy Washington Scholarships, the O'Connell award, the SFGH Friend of Nursing award and the Mildred Creer award. Finally, on Friday the SFGH Wellness Center will host two sessions for nursing staff on "Taking Care of Yourself with Healthy Nutrition."

The SFGH Professional Development Council will host Nursing Grand Rounds on May 8th from 12noon-1pm. Julie Graham, the Gender Services Coordinator, for the South Van Ness Behavioral Health Service will present "An Introduction to Nursing Care of the Transgender Patient". After viewing excerpts from Transgender Tuesday and engaging in a Q&A, participants will be able to:

- Provide services that are welcoming & respectful for transgender, transsexual & gender nonconforming patients.
- Demonstrate increased sensitivity & informed care of transgender, transsexual & gender nonconforming patients.
- Understand the law and DPH policy regarding transgender, transsexual & gender nonconforming patients.

Nursing Excellence:

SFGH is facilitating the Bay Area Magnet Convening group hosted by the Gordon and Betty Moore Foundation on May 2, 2013. This meeting of Bay area hospitals convenes quarterly to share information related to the Magnet journey. This meeting will focus on collaboration between facilities on nursing research and determining return on investment in shared governance.

Emergency Department (ED) Data for the Month of April 2013

The Emergency Department (ED) had a Diversion rate of 37% (265.89 hours) for April 2013 and Trauma Override rate was 2% (15.5 hours). ED Encounters totaled 5014 patients, 828 of those were hospital admissions

Psychiatric Emergency Service (PES) Data for the Month of April 2013

PES had 623 patient encounters during March 2013 and 650 in April. PES admitted a total of 149 patients to SFGH inpatient psychiatric units in April 2013, an increase from 142 inpatient admissions in February. In April a total of 501 patients were discharged from PES: 38 to ADUs, 22 to other psychiatric hospitals, and 441 to community/home.

There was an increase in Condition Red hours from March to April. PES was on Condition Red for 120.7 hours during 15 episodes in April. The average length of Condition Red was 8.14 hours. In March, PES was on Condition Red for 84.6 hours, during 15 episodes, averaging 6.33 hours.

The average length of stay in PES was 18.14 hours in the month of April, an increase from 16.98 hours in March.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral. *Accepted and Arrived Referrals* refer to patients that have been approved by PES for admission and are admitted to the unit. *Accepted and Cancelled Referrals* refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. *Inappropriate Referrals* refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement. Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

Commissioner Comments/Follow-Up:

Commissioner Sanchez thanked everyone for the wonderful Nurses Week dinner on May 9 2013. He asked if SFGH is anticipating any problems filling the positions that were on hold due to the budget. Ms. Dentoni stated that there are hundreds of applicants for each open position.

9) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

LEADERSHIP/ACHIEVEMENTS/MEDIA

Medical Staff Dinner – The Annual Medical Staff Dinner will be held on Thursday, May 23, 2012 in the SFGH Cafeteria. The event will start at 05:15 PM, and will include the Krevans Awards ceremony, and the appointment of a new Chief of Staff Elect.

ADMINISTRATION/REGULATORY/COMPLIANCE

Disaster Plan Updates- MEC approved the updated 2013 Hazard Vulnerability and Impact Analysis (HVA) presented by Ms. Lann Wilder, EMT-P, Emergency Management Coordinator. Ms. Wilder explained that Joint Commission standards require that the hospital conducts a hazard vulnerability analysis to identify events that could affect demand for its services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. HVA requires annual review to ensure ongoing preparedness. The report listed SFGH's 2013 Top Hazards and Vulnerabilities, and Follow-up Actions for Preparedness and Mitigation. Ms. Wilder highlighted newly identified hazards and vulnerabilities: Information System Failure, and Multi Casualty Incident – Trauma or Active Shooter. This updated HVA will continue to drive the direction and focus of the SFGH Emergency Management program. Service Chiefs are also requested to submit by June 1, 2013 service-specific emergency response plan on physician staffing and coverage in the event of a surge in patient/increase in demand for services or shortage of staff.

CTSI Privilege in the Medicine Service – MEC approved the CTSI Clinical Research privilege under the Medicine Clinical Service. The CTSI Director will be responsible for proctoring and peer review of any provider with this privilege, in relation to appropriate adherence to research protocols. The Medicine Service will accept requests for this privilege from other Clinical Services. However, other Clinical Services may opt to include the privilege in their own lists, but they will be responsible for peer review. Furthermore, any provider requesting this privilege will need to request Core Privileges and provide attending services in their primary Clinical Service, in addition to research work at CTSI. Current providers with CTSI privilege only may be grandfathered in, and not be required to have core privilege.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

NONE

Commissioner Comments/Follow-Up:

Commissioner Chung stated that she would like to attend the SFGH Medical Staff dinner.

Action Taken: The Clinical Translational Institute (CTSI) Privilege in the Medicine Service was unanimously approved.

10) QUALITY COUNCIL REPORT

Iman Nazeeri-Simmons, Chief Quality Officer, presented the report.

Action Taken: The Report was unanimously approved.

11) PUBLIC COMMENT

There was no public comment.

12) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF APRIL 9, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

Action Taken: The Committee approved the April 9, 2013 Closed Session minutes, Credentials Report, and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

13) ADJOURNMENT

Commissioner Sanchez requested that the meeting adjourn in honor of the nurses who died in the May 5, 2013 limousine fire on the San Mateo Bridge. The meeting was adjourned at 4:25pm.

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL

Monday, June 17, 2013

3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Cecilia Chung
Commissioner David J. Sanchez, Jr., Ph.D.

- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE MAY 14, 2013
SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of May 14, 2013*
- 3) FOR DISCUSSION AND POSSIBLE ACTION: QUALITY MEASURES REPORT
(Sue Schwartz, Director of Performance Improvement)
**Report*
- 4) FOR DISCUSSION AND POSSIBLE ACTION: HOSPITAL ADMINISTRATOR'S REPORT
(Susan A. Currin, Chief Executive Officer)
**Report*
- 5) FOR DISCUSSION AND POSSIBLE ACTION: PATIENT CARE SERVICES REPORT
(Terry Dentoni, Interim Chief Nursing Officer)
**Report*
- 6) FOR DISCUSSION AND MEDICAL STAFF REPORT

SFGH JCC Agenda

June 17, 2013

Page 1

POSSIBLE ACTION: (Shannon Thyne, M.D., Chief of Staff)
**Report*

- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL REPORT**
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of May 21, 2013 Meeting*

- 8) **PUBLIC COMMENT****

- 9) **CLOSED SESSION:**

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF MAY 14, 2013**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

RECONVENE IN OPEN SESSION

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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Monday, June 17, 2013, 3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Sonia Melara, MSW

Excused: Commissioner Cecilia Chung
Commissioner David J. Sanchez, Jr., Ph.D.

Staff: Sue Currin, Sue Carlisle, MD, Shannon Thyne, MD, Jeff Critchfield, MD, Anson Moon, Bajeet Sangha, Sue Schwartz, Sherminah Jaferieh, Terry Dentoni, Kathy Jung, Danielle Duong, Troy Williams, Dan Schwager, Iman Nazeeri-Simmons, Kathy Murphy, Mark Morewitz

The meeting was called to order at 3:02pm.

2) APPROVAL OF THE MINUTES OF THE MAY 14, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the May 14 2013 SFGH JCC meeting were unanimously approved.

3) QUALITY MEASURES REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for more information regarding the issue of clinical effectiveness related to heart-failure discharge instructions. Ms. Schwartz stated that SFGH is attempting to add the

SFGH JCC Minutes

June 17, 2013

Page 1

discharge medication list to the electronic chart. The process has already been piloted and should be fully implemented by the end of 2013.

Commissioner Chow stated that although the median time to pain management for long bone fracture has decreased from 167minutes to 83 minutes, he remains concerned that this time be further decreased. Ms. Dentoni stated that SFGH is changing its emergency room medical screening process by having a registered nurse identify patients in need instead of an administrative clerk. She added that it is sometimes difficult to identify a patient with a broken bone because the level of pain and symptoms are not always clear.

Commissioner Chow stated that the Case Mix Index continues to increase but is still lower than the NAPH median. He asked if there may be a coding issue. Dr. Critchfield stated that the Coding Team has boosted accurate coding activities through effective trainings. Ms. Curran stated that some of this issue results from a lack of proper provider documentation of procedures in addition to provider coding issues.

4) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if the SFGH budget has been adjusted to reflect lower number of mental health rehabilitation beds. Ms. Currin stated that SFGH has reduced acute psychiatry beds by six. She noted that many patients can go home or a shelter but some have to be transferred to another mental health facility. She added that SFGH is setting up supply and payroll budgets for each department. Commissioner Chow asked for a budget update at the next SFGH JCC meeting.

5) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow commended SFGH for the decreasing the number of patients who left the emergency room before being seen.

6) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

The Following Items Were Approved:

- Revised TB Form
- Procedural Sedation Privilege Revision
- Discharge of Ambulatory Surgery patients from 6g Women's Option Center
- Blood Transfusion Renewal with Changes
- Ophthalmology Rules and Regulations

7) QUALITY COUNCIL REPORT

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for an update on the new observation unit at a future SFGH JCC meeting.

8) PUBLIC COMMENT

There was no public comment.

9) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF MAY 14, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved the May 14, 2013 Closed Session minutes, June Credentials Report, and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 4:17pm.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

David B. Singer, MBA
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION
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Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL

Tuesday, August 13, 2013
3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer, MBA

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AUG 12 2013

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE JUNE 17, 2013
SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of June 17, 2013*
- 3) FOR DISCUSSION AND POSSIBLE ACTION: ICD 10 UPDATE
(Philip Katzenberger, Director of Health Information Services)
**Report*
- 4) FOR DISCUSSION AND POSSIBLE ACTION: COMPLIANCE UPDATE
(Yvonne Lowe, DPH Compliance Officer)
**Report*
- 5) FOR DISCUSSION AND POSSIBLE ACTION: REGULATORY UPDATE
(Jay Kloof, Director or Regulatory Affairs)
**Report*
- 6) FOR DISCUSSION AND HOSPITAL ADMINISTRATOR'S REPORT

SFGH JCC Agenda

August 13, 2013

Page 1

POSSIBLE ACTION: (Susan A. Currin, Chief Executive Officer)
**Report*

7) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, Interim Chief Nursing Officer)
**Report*

8) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
**Report*

9) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL REPORT**
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of June 18, 2013 and July 16, 2013 Meetings*

10) **PUBLIC COMMENT****

11) **CLOSED SESSION:**

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF JUNE 17, 2013**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

12) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This

matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines #9 *San Bruno*, #9X *San Bruno Express*, #19 *Polk* (stops 2 blocks away), #33 *Stanyan*, and #48 *Quintara-24th St.* For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sottf@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

Sonia E. Melara, M.S.W.
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MINUTES

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Tuesday, August 13, 2013 3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D. (joined the meeting at 3:26pm)
Commissioner David Singer

Staff: Sue Currin, Cathryn Thurow, Shannon Thyne M.D., William Huen M.D., Greg Wagner,
Roland Pickens, Terry Dentoni, Iman Nazeeri-Simmons, Troy Williams, Dave Woods,
Baljeet Sangha, Valerie Inouye, Philip Katzenberger, Yvonne Lowe, Kathy Murphy, Kathy
Jung, Jay Kloo, Mark Morewitz

Commissioner Chow called the meeting to order at 3:03pm.

**2) APPROVAL OF THE MINUTES OF THE JUNE 17, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING**

Action Taken: The minutes of the June 17, 2013 SFGH JCC were unanimously approved.

3) ICD 10 UPDATE

Philip Katzenberger, Director of Health Information Services, gave the update.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for information regarding actions SFGH is taking to insure medical staff are coding accurately. Ms. Currin stated that SFGH is looking into increasing the number of coding staff and possibly using a registry if needed. She also stated that the lack of an integrated electronic medical record (EMR) throughout the hospital will impact the implementation of ICD 10 code changes, especially in the inpatient units.

Commissioner Chow requested an update to the SFGH JCC in 6 months on the SFGH implementation of ICD 10 codes.

4) COMPLIANCE UPDATE

Yvonne Lowe, DPH Compliance Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for information regarding the goal of SFGH in regard to improving accuracy of Medicare audits. Ms. Lowe stated that previous audits rated SFGH at 80% accuracy; the goal of SFGH is to achieve 95% accuracy. Ms. Currin stated that new dictation services will help improve this measure.

Commissioner Singer asked for more information on the types of errors contained in the current 20% inaccuracy rate of Medicare audits. Ms. Lowe stated a common mistake is that an attending physician involved in a case did not sign the form. Ms. Currin clarified that there is a difference between an attending physician hearing a presentation of a case by residents versus actually treating a patient.

Ms. Currin stated that to capture all the eligible all the Medicare revenue, SFGH would need to hire more attending physicians in specialty care. Commissioner Chow asked for an update on the cost effectiveness of this initiative.

Commissioner Chow asked if SFGH is paid for patients categorized as “administrative.” Ms. Currin stated that SFGH is paid a lower reimbursement for patients categorized as “administrative;” she added that SFGH is not reimbursed for patients categorized as “denied.”

Commissioner Chow asked if the SFGH psychiatry and medical compliance staff work together. Ms. Lowe stated that all SFGH compliance efforts are centralized.

5) REGULATORY UPDATE

Jay Kloo, Director of Regulatory Affairs, gave the update.

Commissioner Comments/Follow-Up:

Commissioner Singer requested a report on SFGH data security issues at a future SFGH JCC meeting.

6) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

Program Updates:

Lean Update

SFGH embarked on its fourth value stream in early July – Inpatient Unit 4D. As in the previous 3 value streams (Urgent Care, 3M Surgical Clinics, OR/PACU), the improvement process includes 5S (sort, set in order, shine, standardize, and sustain). 5S organizes the workplace and it was implemented in 4D last week. The next steps will include additional 5S and development of standard work for the discharge process. This will lead to a reduction of length of stay, reduction of materials and supplies spending, and increased nurse time by the bedside, and overall, improving patient and staff experience.

We will be starting Lean in Castro-Mission Health Center in September and in Radiology in October.

Dr. Kirsten Bibbins-Domingo Co-Principal Investigator for new \$11 Million Grant

Kirsten Bibbins-Domingo, PhD, MD, Director of the UCSF Center for Vulnerable Populations at San Francisco General Hospital and Trauma Center is the co-principal investigator and lead investigator for two of four main components of a new \$11 million grant to Kaiser Permanente Northern California and UC San Francisco. The grant from the National Institute of Neurological Disorders and Stroke will support a multifaceted research program aimed at lowering stroke risk among black populations and younger stroke victims by targeting high

blood pressure, also known as hypertension. The four main components are Clinical study to close hypertension disparity, Observational study to quantify stroke risk factors, Modeling of stroke-risk trends, and Training future researchers. Dr. Bibbins-Domingo will be leading the effort for the latter two components.

Regulatory Survey Update

The following accreditation and licensing surveys were conducted since the last JCC meeting:

- June 10-12: Department of Social Service (DSS) annual licensing survey of the Mental Health Rehabilitation Center (MHRC) - passed with no deficiencies
- June 19: San Francisco Mental Health Clients' Rights Advocates periodic review required by the California Welfare and Institutions Code 5520 (b) and conducted in the MHRC - passed with no deficiencies
- June 26-28: Alcohol & Drug Program (ADP) annual licensing survey of Wd. 93 Opiate Treatment Outpatient Program (OTOP) - passed with minor findings
- July 15-16: American College of Surgeons Committee on Trauma (ACSCOT) Level 1 Trauma Center triennial re-verification survey - status pending ACSCOT verification committee review and report
- July 16-18: Joint Commission Clinical Laboratory & Point-of-Care-Testing (POCT) biennial accreditation survey - status pending TJC review and report following facility submission of corrective actions for minor findings
- August 7-8: California Department of Public Health (CDPH) unannounced site visit to conduct a Centers for Medicare-Medicaid Services (CMS) Conditions of Participation (COP) validation audit of resident discharge records at the SFBHC Skilled Nursing Facility (SNF) -status pending CDPH supervisory review of audit results.

Asiana Airlines Accident Update

- A total of 67 patients were treated at SFGH, the largest number of patients treated by any one hospital – 36 adults and 31 children.
- Injuries included spinal cord injury, abdominal injuries, internal bleed, road rash and fractures.
- 64 patients have been discharged, there was 1 death, and two patients remain in critical care.

Campus Campaign for SFGH

The Campus Campaign for SFGH is an opportunity for CCSF and UCSF staff to help fund the furniture, fixtures and medical equipment necessary for the new hospital building. The campaign, started on June 10 and led by Hannah Frick and Patricia Gallagher of the SFGH Foundation, raised over \$464,000 to date. Over 1500 staff from 99 departments participated - 35 departments had 100% participation

Patient Flow Reports for July 2013

A series of charts depicting changes in the average daily census is attached to the original minutes of the August 13, 2013 SFGH JCC open session meeting.

Ms. Currin introduced Valerie Inouye, SFGH Chief Financial Officer and Greg Wagner, DPH Chief Financial Officer. Ms. Inouye stated that SFGH will update the JCC regarding SFGH Departmental budget issues on a monthly basis through the Hospital Administrator's Report.

Commissioner Comments

Commissioner Singer asked how SFGH is handling the culture change of making SFGH managers and supervisors more accountable for department-level budget management. Ms. Currin stated that there have been regular meetings with managers to discuss the new budget reporting format and how to more accurately track spending; hospital Associates are also responsible for meeting regularly with their staff to review budget issues. Labor reports, which assist in managers understanding operating costs, are distributed every two weeks.

Ms. Currin stated that the increased attention to the SFGH budget will hopefully assist in the monitoring and management of SFGH staff Family and Medical Leave Act (FLMA) costs.

Commissioner Singer asked for an estimate of the annual SFGH FLMA costs. Ms. Currin stated that it is difficult to get a true cost of FLMA at SFGH because there are costs for paying staff on FLMA in addition to the cost of paying temporary staff to fill in for the SFGH staff on leave. Ms. Currin stated that SFGH spent approximately \$2.3M last year in direct pay for SFGH staff out on FLMA.

Commissioner Singer thanked the SFGH staff for their effective and compassionate work helping the victims of the Asiana plane crash.

7) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

2320 RN Vacancy Rates for the Month of July 2013: The overall 2320 RN vacancy rate for areas reported was 7.8%.

Staffing Ratio Data for the Month of July 2013: All shifts were covered.

Professional Nursing for the Month of July 2013

Retention/Professional Development:

SFGH staff who applied to the San Francisco State University Advanced Placement Option Program is being notified of their acceptance into the program for RN to BSN completion. It appears that a cohort of 11 staff will begin the program this fall.

Nursing Grand Rounds is scheduled for August 7, "Innovators of Change: Staff RNs Evidenced-Based Fellows" will be presented.

Preceptor training will be held August 14 & 15.

Nursing Excellence:

Shared governance councils are currently recruiting new council members. The membership change-over will occur in September. New co-chairs are also being recruited for all councils.

Daisy Ward:

The very first DAISY "Team" award was presented to the Nursing Staff of SFGH Nursing Grand Rounds on August 7th. The Nursing Staff was honored for the "incredibly meaningful difference that their teamwork" made on July 6, 2013 for the victims of the Asiana plane crash and their families.

DAISY founders Bonnie and Mark Barnes were present to acknowledge the entire Nursing team and their heroic efforts. CNO Terry Dentoni presented the DAISY plaque to ED Charge RN Melissa Pitts who accepted the plaque on behalf of the entire Nursing team. The plaque will be displayed in the hall outside of the Nursing Office.

Emergency Department (ED) Data for the Month of July 2013

The Emergency Department had a Diversion rate of 43% (321 hours) for July 2013. Trauma Override rate was 2.38% (18 hours). ED Encounters totaled 5051 patients, 787 of those were hospital admissions. The hospital utilized condition yellow for 239 hours in July.

Psychiatric Emergency Services (PES) Data for the Month of July 2013

PES had 606 patient encounters during June 2013 and 643 in July. PES admitted a total of 135 patients to SFGH inpatient psychiatric units in July 2013, a decrease from 141 inpatient admissions in June. In July a total

of 508 patients were discharged from PES: 44 to ADUs, 20 to other psychiatric hospitals, and 444 to community/home.

There was a decrease in Condition Red hours from June to July. PES was on Condition Red for 60.6 hours during 15 episodes in July. The average length of Condition Red was 4.04 hours. In June, PES was on Condition Red for 157.8 hours, during 19 episodes, averaging 8.31 hours.

The average length of stay in PES was 16.91 hours in the month of July, a decrease from 20.04 in June.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between July 2012 and July 2013, the percentage of which the patient was accepted and was admitted to PES increased from 38% to 61%, the percentage of which the referral was accepted but cancelled decreased from 27% to 17%.

This month, 22% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests decreased slightly from 96 in June to 93 in July.

Commissioner Comments/Follow-Up:

Commissioner Chow asked Ms. Dentoni to give an explanation for the 43% diversion rate in July. Ms. Dentoni stated that there are eleven hospitals in San Francisco that receive emergency patients via ambulances; SFGH is the only hospital that receives trauma patients. SFGH receives approximately 30% of all non-trauma patients taken to hospitals in ambulances. When the four SFGH trauma rooms are full, SFGH goes on diversion. This means that ambulances do not deliver non-trauma patients to the SFGH emergency department. Diversion does not impact SFGH receiving trauma patients or non-trauma walk-in patients. Ms. Currin stated that without the 8-bed CDU "observation unit," the rate of SFGH diversion would likely be 60% frequently.

Ms. Currin stated that SFGH inpatient discharges are often after 2pm. SFGH is attempting to increase earlier discharge times which would enable an increase in admissions of patients who are being held in the Emergency Department. She also added that SFGH continues in its attempts to decrease its non-acute level patients to free up beds.

Commissioner Singer asked whether revenues could be increased if SFGH reduced its diversion rate. Ms. Currin stated that reducing diversion would likely increase overall revenue. She also stated that during diversion,

many patients assigned to SFGH by their medical homes, are brought to other hospitals for treatment. The DPH currently pays \$1.4M a month for out-of-network costs to other hospitals for treatment of these patients.

8) MEDICAL STAFF REPORT

Shannon Thyne, MD, Chief of Staff, gave the report.

LEADERSHIP/ACHIEVEMENTS/MEDIA

Clement Yeh, MD –MEC welcomed Dr. Clement Yeh, new Member at Large and Medical Director for the SF Fire Department.

Andrew Murr, MD, SFGH Otolaryngology Chief –Dr. Murr has been appointed as the new Chair of the UCSF Department of Otolaryngology.

Marika Russell, MD, SFGH Otolaryngology – Dr. Russell has been appointed the Associate Chief of the SFGH Otolaryngology, Head and Neck Surgery.

Benjamin Breyer, MD – Dr. Breyer has been appointed Interim Chief of Urology.

Health Reform Communication - Ms. Rachael Kagan, Communications Officer, provided updates about ongoing work around communications for Healthcare Reform, particularly on broader strategies specific to patients and physicians. Ms. Kagan pointed out that patients and physicians need to know more about Healthcare Reform, and its impact. Ms. Kagan stated that a key message for patients during provider/patient exchanges is for them to stay with their current DPH/SFGH providers because these providers know them well, and can continue to provide quality care services. Key communication messages for physicians will focus on more information about Health Reform, patient centered care, integrated clinical care, use of data in hospital operations and quality improvement, and looking at changes in the DPH delivery system which will now be called "SFHealth". Ms. Kagan will be working with members regarding developing messages that providers can use during patient encounters.

ADMINISTRATION/REGULATORY/COMPLIANCE

ICD10 Updates - Mr. Philip Katzenberger, Health Information Services, gave a status update to MEC on the conversion plans to ICD-10 coding system. Mr. Katzenberger informed members that a DPH multidisciplinary task force has been working on the transition plan since September 2011. Mr. Katzenberger emphasized that the participation and collaboration from all areas of DPH is necessary for a successful conversion to ICD-10. Members were reminded that the quality of medical records and the availability of more specific documentation will not only have a substantial impact on the hospital's accounts receivables, but also on the integrity and accuracy of hospital data used for patient care monitoring and healthcare quality.

ACS (American College of Surgeons) Trauma Survey – Dr. Carlisle reported that the verification of SFGH as a Level One Trauma Center by ACS was completed on July 17, 2013. Survey results indicated several recommendations for improvements, but revealed no deficiencies.

Approved Privilege/Form Revisions:

Neurology Privilege List – CTSI privilege was added to the Neurology Privileges List.

Approved Standardized Procedures (SP):

- Psychiatry, Rape Treatment Center and Child Adolescent Sexual Abuse Center – Deleted protocol "Intimate Partner Violence Evaluation" (pages 10-11) as this is an RN function and does not require an SP; Sections on Prerequisites, Proctoring and Reappointment Competence added to follow current Procedure Template format. Language is not new.

- Dermatology NP SP – Only formatting changes made from previous 2010 SP. Two new forms were developed- Request of Protocols, and the Proctoring/Reappointment Grid Form.
- Emergency Department Medical Screening for Registered Nurses – No change.
- Emergency Department SP for RN – Protocol #8 Trauma Panel Laboratory Tests added.
- Psychiatry Combined SP – Changes include: Reference to Stimulant Treatment Outpatient Program (STOP) now included in other programs, Deletion of Buprenorphine Protocol, Deletion of language regarding a second CLIA license, and deletion of protocol Abnominal Paracentesis.
- Neurosurgery SP – No content changes; only formatting changes, and addition of the Request for Procedures Form and the Proctoring/Reappointment form.
- Breast Care SP – Includes languages changes in policy statement and protocol updates.

CLINICAL SERVICE REPORTS/RULES AND REGULATIONS

Orthopedic Surgery Service Report - Deferred

Orthopedic Surgery Rules and Regulations

MEC approved the proposed changes to the Orthopedic Service Rules and Regulations. Significant number of revisions was made, including general updates on the following:

- Service Personnel and New Meeting Times, etc
- HIPAA Language
- Attachment: Updated Orthopedic Surgery Privilege Form
- Updates on Other Attachments: Updates on E-referral Policy for Acute Injuries, Changes in Resident Shifts and Attending Involvement on Admission, Hand Consultation, New Resident Vacation Policy, Expanded NP roles, New Note Dictation and timing, New Resident and Attending Pre-Operative Responsibilities, New Resident and Attending Responsibilities, Anesthesia Pre-Op Clinic, most recent OR Infection Control Surgical Prep Policies, most recent OR Policy on Street Clothes, most recent scrub policies, Surgical Team Pre-Operative Responsibilities, new Operative Note Process, Fluoroscopy and x-ray policy, new Clinic Discharge Criteria, new Orthopaedic-Pediatrics Policy and the Orthopaedic-Family Inpatient Service policy.

Action Taken: The following were unanimously approved by the SFGH JCC:

- Neurology Privilege List
- The Following Standardized Procedures:
 - Psychiatry, Rape Treatment Center and Child Adolescent Sexual Abuse Center – Deleted protocol “Intimate Partner Violence Evaluation”
 - Dermatology NP SP
 - Emergency Department Medical Screening for Registered Nurses.
 - Emergency Department SP for RN – Protocol #8
 - Psychiatry Combined SP
 - Neurosurgery SP
 - Breast Care SP
- Orthopedic Surgery Service Report

9) QUALITY COUNCIL REPORT

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Action Taken: The Quality Council Report, consisting of the minutes of the June 18, 2013 and the July 16, 2013 meetings, was approved.

10) **PUBLIC COMMENT**

There was no public comment.

11) **CLOSED SESSION:**

APPROVAL OF CLOSED SESSION MINUTES OF JUNE 17, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

Action Taken: The Committee approved the June 17, 2013 Closed Session minutes, Credentials Report, and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

12) **ADJOURNMENT**

The meeting was adjourned at 6:35pm.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D, PMHCNS-BC
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, September 10, 2013
3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

1) CALL TO ORDER

- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE AUGUST 13, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of August 13, 2013*

- 3) FOR DISCUSSION AND POSSIBLE ACTION: QUALITY MEASURES REPORT
(Sue Schwartz, Director of Performance Improvement)
**Report*

- 4) FOR DISCUSSION AND POSSIBLE ACTION: PATIENT SAFETY PLAN PROGRESS REPORT
(Tom Holton, Patient Safety Officer and Elaine Dekker, Infection Control Program Manager)
**Report*

- 5) FOR DISCUSSION AND POSSIBLE ACTION: HOSPITAL ADMINISTRATOR'S REPORT
(Susan A. Currin, Chief Executive Officer)
**Report*

SFGH JCC Agenda

September 10, 2013

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- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, Interim Chief Nursing Officer)
**Report*
- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL REPORT**
(Iman Nazeeri-Simmons, Chief Quality Officer)
**Minutes of the meeting of August 20, 2013*
- 9) **PUBLIC COMMENT****
- 10) **CLOSED SESSION:**

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 13, 2013**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

12) **ADJOURNMENT**

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
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- *** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, September 10, 2013 3:00 p.m.

**1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110**

**GOVERNMENT
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1) CALL TO ORDER

Present: Commissioner David B. Singer
Commissioner Belle Taylor-McGhee

Excused: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.

Staff: Sue Currin, Sue Carlisle MD, SueSchwartz, Troy Williams, David Woods, Terry
Dentoni, Elaine Dekker, Anson Moon, Tom Holton, San Schwager, Todd May MD,
Kathy Jung, Iman Nazeeri-Simmons, Bajeet Sangha, Roland Pickens, Mark Morewitz

The meeting was called to order at 3:02pm. Commissioner Singer chaired the meeting.

**2) APPROVAL OF THE MINUTES OF THE AUGUST 13, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING**

Action Taken: The minutes of the August 13, 2013 SFGH JCC were unanimously approved.

3) QUALITY MEASURES REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for the amount of funding that is tied to SFGH achievement of quality measure benchmarks. Ms. Currin stated that approximately \$20 million of funding is tied to achieving Delivery System Reform Incentive Payments(DSRP) benchmarks.

Commissioner Singer asked if SFGH has a plan to meet the CMS benchmarks. Ms. Currin stated that Ms. Schwartz coordinates teams that focus on individual indicators in which SFGH is currently achieving scores in the 70's and 80's.

Commissioner Singer asked if it is possible to shorten the amount of time to collect and review quality measures data. Ms. Schwartz stated that data, both electronic and paper, is collected internally by quality manager and nursing staff. The data is then submitted to the University Health System Consortium. Some data must be submitted to CMS; a subset of data is posted on the CMS website. Ms. Schwartz stated that a new goal is to submit the data to vendors within 4 weeks. Commissioner Singer commented that it would be ideal to decrease this amount of time even more. Ms. Currin stated that when SFGH implements a full electronic medical record, the process will be much quicker. However, at this time, the data collection requires both electronic and paper chart review.

Ms. Nazeeri-Simmons stated that hospitals who repeatedly achieve their quality measure benchmarks have dedicated concurrent nurse reviewers. SFGH has chosen to dedicate a nurse reviewer for sepsis because this is the most clinically impactful to the patient population.

Commissioner Taylor-McGhee asked if the implementation of the Affordable Care Act will bring new quality standards. Ms. Schwartz stated that she is not aware of any new quality measures associated with the Affordable Care Act. However, she stated that there will be a change in the number of measures associated with value-based purchasing.

Commissioner Taylor-McGhee asked for the timeline regarding the implementation of a SFGH electronic medical record system. Ms. Currin stated that DPH is currently reviewing several systems and hopes to have recommendations by October or November. She stated that no systems that they have seen contain a comprehensive mental health component; it is likely that DPH will continue using the AVATAR system.

Commissioner Singer asked how the DPH will coordinate the development of a electronic medical record systems throughout the Department. Ms. Currin stated that the electronic medical record system chosen for SFGH will be implemented throughout the DPH.

Commissioner Singer asked Ms. Schwartz to name the most important quality measures to achieve. Ms. Schwartz stated that achievement of HCAP scores are some of the most important quality measures to achieve.

Commissioner Singer asked how SFGH shares its quality measures reports results with its staff. Ms. Schwartz stated that the quality measures reports are posted in the hallway outside of the SFGH Administrative offices and on the SFGH website. In addition, SFGH managers review the reports in staff meetings.

Action Taken: The SFGH JCC unanimously approved the Quality Measures Report.

4) PATIENT SAFETY PLAN PROGRESS REPORT

Tom Holton, Patient Safety Officer and Elaine Dekker, Infection Control Program Manager, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if SFGH can track whether a patient was admitted with MRSA or whether the patient contracted it while hospitalized. Ms. Dekker said SFGH can only document whether patients presented with symptoms when they were admitted.

Commissioner Singer congratulated SFGH for adding a system that assists in tracking incidents of hospital acquired pressure ulcers even though this data is not required. He stated it is commendable that SFGH is taking extra steps to do what is best for patients.

Commissioner Taylor McGhee asked for the definition of a "Fair and Just culture." Mr. Holton stated that the SFGH Fair and Just culture is one where staff are not afraid to report errors. Ms. Currin stated that SFGH focuses on correcting system issues instead of focusing on individual staff performance in incidents.

Action Taken: The SFGH JCC unanimously approved the Patient Safety Plan Report.

5) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

Program Updates:

Lean Update

This month, the 4D Inpatient Unit continued its Lean work by focusing on workplace organization. The team sorted, set in order, and shined storage and equipment rooms, increased provider workspace, and even repurposed a room to serve as a patient/ family conference room. Over the last two weeks the 4D team continued to make improvements based on feedback from staff. They report their progress as part of our weekly Tier 1 report-out, where all Value Streams (Unit 4D, Surgical Clinic Center 3M, Urgent Care Center, and the Operating Room) update the Executive Staff on the status of their improvement work.

September will be a busy month for SFGH/DPH. During the week of September 9th the Operating Room team will have a workflow improvement workshop to address the Patient in Operating Room to Surgery Incision time. The week of September 16th we launch a new Value Stream, Castro Mission Health Center, one of our Community Oriented Primary Care (COPC) clinics. This will involve a multidisciplinary team coming together to observe patients and staff to map the clinic visit experience from the patient's perspective. This patient-centered approach culminates with the team developing a map of what the ideal patient experience should be. The team also creates a plan to execute improvements via proposed actions, in the form of improvement workshops. Finally, during the week of September 23rd, we will continue our workplace organization in 4D by focusing on the patient rooms and nursing station.

TBI and Stroke Surveys by The Joint Commission Both, the Hospital's Stroke Program and the Traumatic Brain Injury Program are due for their biannual recertification by The Joint Commission. The Stroke Program will be surveyed Monday and the Traumatic Brain Injury Program on Tuesday. Program staff have been preparing for these surveys and our Intra-cycle Monitoring reviews (tool to help organizations identify and manage risk) have gone well.

Sue Currin Appointed to the AHA's Regional Policy Board for Region 9

Sue Currin has been appointed as a delegate to the American Hospital Association's Regional Policy Board for Region 9. The Regional Policy Boards provide input on public policy issues considered by the AHA's Board of Trustees, serve as ad hoc policy development committees and identify needs unique to a region and assist in developing programs to meet those needs.

eReferral Program a Finalist for Chamber Of Commerce Ebbies Award

The San Francisco Chamber of Commerce has announced the finalists for the 2013 Excellence in Business Awards (the "Ebbies"). San Francisco General Hospital's e-Referral Program is a finalist for the Innovation through Technology Award, which is presented to a technology-led business and/or organization that looks to IT to solve problems and increase efficiency. SFGH's eReferral program, which improves access to specialists for patients throughout the DPH system, is being honored for using technology to improve care. The Winners of the awards will be announced at a gala on October 3 at the Westin St. Francis Hotel.

Patient Flow Reports for August 2013

A series of charts depicting changes in the average daily census is attached to the original minutes of the September 10, 2013 SFGH JCC open session meeting.

Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached to the original minutes of the September 10, 2013 SFGH JCC open session meeting.

Commissioner Comments/Follow-Up:

Commissioner Singer commented that data seems to change based on the season. He requested that future financial reports show the previous year's data so a comparison can be made.

Commissioner Singer asked for more information on the \$1.2M salary variance. Ms. Currin stated that until recently, there was a hiring freeze and SFGH used a registry to fill necessary vacancies. She also stated that there should be a larger amount of salary savings based on the number of acute patients at SFGH. She hopes that when there is a peak census, SFGH will be financially justified to bring in additional staff to insure appropriate coverage.

Commissioner Singer asked for a Human Resource report to show vacancy and hiring information as part of the budget review process.

Commissioner Taylor-McGhee asked if there is any specific service area that has been difficult to fill positions. Ms. Currin stated that hiring for primary care and specialty clinics has been difficult. She added that in order to fulfill new MediCal standards, the DPH must fill these positions. If this does not occur, the San Francisco Health Plan may refer DPH patients to other health care providers. Ms. Currin stated that UCSF clinical providers earn less than DPH providers, who earn less than Kaiser. She added that until recently, DPH Nurse Practitioner salaries were higher than some DPH physician salaries. Additionally, she noted that additional Human Resources staff would decrease the amount of time required to process all the requisitions.

6) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

2320 RN Vacancy Rates for the Month of July 2013: The overall 2320 RN vacancy rate for areas reported is 7.8%.

Staffing Ratio Data for the Month of July 2013: All staffing shifts were covered.

Professional Nursing for the Month of July 2013

Retention/Professional Development:

SFGH staff who applied to the San Francisco State University Advanced Placement Option Program is being notified of their acceptance into the program for RN to BSN completion. It appears that a cohort of 11 staff will begin the program this fall.

Nursing Grand Rounds is scheduled for August 7, "Innovators of Change: Staff RNs Evidenced-Based Fellows" will be presented.

Preceptor training will be held August 14 & 15.

Nursing Excellence:

Shared governance councils are currently recruiting new council members. The membership change-over will occur in September. New co-chairs are also being recruited for all councils.

Daisy Ward:

The very first DAISY "Team" award was presented to the Nursing Staff of SFGH Nursing Grand Rounds on August 7th. The Nursing Staff was honored for the "incredibly meaningful difference that their teamwork" made on July 6, 2013 for the victims of the Asiana plane crash and their families.

DAISY founders Bonnie and Mark Barnes were present to acknowledge the entire Nursing team and their heroic efforts. CNO Terry Dentoni presented the DAISY plaque to ED Charge RN Melissa Pitts who accepted the plaque on behalf of the entire Nursing team. The plaque will be displayed in the hall outside of the Nursing Office.

Commissioner Comments/Follow-Up:

Commissioner Singer requested that information regarding Shirley O'Donnell's improvement in vascular related-care be forwarded to the Committee members. Ms. O'Donnell won a scholarship to attend the Association for Vascular Access conference.

Commissioner Singer asked if SFGH staff understand how diversion rates impact so many areas of the SFGH financial performance. Ms. Dentoni stated that the Emergency Department staff are made aware about how diversion impacts the patient flow at SFGH. Ms. Currin stated that SFGH could improve its communication to staff on how diversion rates impacts SFGH financial performance. Commissioner Singer noted that Rhode Island Treasurer, Gina Raimondo, has been successful in connecting fiscal problems with better government.

7) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked that the CV of future staff who are recommended for appointments be given to the JCC members.

Action Taken:

The following were unanimously approved by the SFGH JCC:

- Dr. Benjamin Breyer, Urology Service Intern Service Chief
- Lab Medicine Critical Value
- Psychiatry Priv List
- Urgent Care RN Standard Procedure
- Pain Consultation Standard Procedure
- Surgery Rules and Regulations

8) QUALITY COUNCIL REPORT

Iman Nazeeri-Simmons, Chief Quality Officer, gave the report.

Action Taken: The Quality Council Report was unanimously approved.

9) PUBLIC COMMENT

There was no public comment.

10) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 13, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved the August, 2013 Closed Session minutes, Credentials Report, and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session

12) **ADJOURNMENT**

The meeting was adjourned at 4:47pm.

Sonia E. Melara, M.S.W.
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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL

Tuesday, October 8, 2013

3:00 p.m.

1001 Potrero Avenue, Conference Room 7E12
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

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OCT - 7 2013

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE SEPTEMBER 10, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of September 10, 2013*
- 3) FOR DISCUSSION AND POSSIBLE ACTION: SFGH REBUILD UPDATE
(Terry Saltz, Mark Primeau, Ron Alameida)
**Report*
- 4) FOR DISCUSSION AND POSSIBLE ACTION: DRAFT SAN FRANCISCO GENERAL HOSPITAL ANNUAL REPORT
(Anson Moon, Administrative Operations)
**Report*
- 5) FOR DISCUSSION AND POSSIBLE ACTION: SFGH CMS INCENTIVE PLAN (DSRIP) UPDATE
(Sue Schwartz, Director of Performance Improvement)
**Report*

- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** SFGH FACILITY SERVICES UPDATE
(Kathy Jung, Director of Facility Services)
**Report*
- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** LEAN UPDATE
(William Huen MD, Associate Chief Medical Officer)
**Report*
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** HOSPITAL ADMINISTRATOR'S REPORT
(Roland Pickens, Chief Operating Officer)
**Report*
- 9) **FOR DISCUSSION AND POSSIBLE ACTION:** PATIENT CARE SERVICES REPORT
(Terry Dentoni, Interim Chief Nursing Officer)
**Report*
- 10) **FOR DISCUSSION AND POSSIBLE ACTION:** MEDICAL STAFF REPORT
(Shannon Thyne, M.D., Chief of Staff)
**Report*
- 11) **FOR DISCUSSION AND POSSIBLE ACTION:** QUALITY COUNCIL REPORT
(Sue Schwartz, Director of Performance Improvement)
**Minutes of the meeting of September 17, 2013*
- 12) **PUBLIC COMMENT****
- 13) **CLOSED SESSION:**

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 10, 2013

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

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2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, October 8, 2013 3:00 p.m.

**1001 Potrero Avenue, Conference Room 7E12
San Francisco, CA 94110**

**GOVERNMENT
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NOV 15 2013

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer

Staff: Barbara Garcia, Sue Carlisle, MD, Shannon Thyne, MD, Todd May, MD, Kathy Jung, David Woods, Ron Alameida, Terry Saltz, Mark Primeau, Sue Schwartz, Laure Marshall, William Huen, MD, Anson Moon, Dan Schwager, Tristan Cook, Baljeet Sangha, Terry Dentoni, Rachel Kagan, Roland Pickents, Troy Williams, Mark Morewitz

The meeting was called to order at 3:04pm.

2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 10, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the September 10, 2013 SFGH JCC were unanimously approved.

3) SFGH REBUILD UPDATE

Terry Saltz, Mark Primeau, Ron Alameida, and Tristan Cook, gave the update.

Commissioner Comments and Follow-Up :

Commissioner Chow requested information on the planning for the transition to the new buildings after they are completed. Mr. Saltz stated that the SFGH Rebuild Team meets monthly with FDI, the contractor hired to plan the transition to the new buildings. Ms. Murphy stated that each SFGH transition subcommittee is responsible for tracking a vital milestone. FDI is assisting with the

facilitation of the planning process. She added that the time-frame for each milestone will be summarized and sent to the JCC members in the future.

Commissioner Singer asked if there are any issues that the SFGH Rebuild Team would like to highlight for the JCC members. Mr. Alameida stated that there is still planning and work to be done for the following activities : Remodel work of the existing SFGH building that will include breaking through to the new building ; the new oxygen and nitrogen plant ; IT planning ; and the purchase and installation of furniture and equipment.

Dr. Thyne stated that she is concerned that parking is being eliminated on Potrero Avenue. Mr. Cook stated that the elimination of parking is due to a non-SFGH Department of Public Works project. Commissioner Chow asked if the SFGH Rebuild Team is doing anything to mitigate the situation for the local community. Mr. Cook stated that the SFGH Rebuild Community group is hosting a community meeting where the issue will be discussed.

4) DRAFT SAN FRANCISCO GENERAL HOSPITAL ANNUAL REPORT

Anson Moon, Administrative Operations, reviewed the draft report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked whether the SFGH Annual Report is required for regulatory regulations. Mr. Moon stated that the SFGH Annual Report is used to introduce the hospital to the public and regulatory bodies. Commissioner Singer requested that the SFGH staff track how many people view the Report online.

Commissioner Chow made the following suggestions:

1. The final Report should begin with an explanation of services offered at SFGH;
2. Include information about how SFGH compares on its quality scores with other public health hospitals;
3. Include information on demographics of patients served.

Commissioner Singer stated that the draft report was very helpful. He stated that the data on SFGH patients indicates that SFGH does well attracting patients aged 45-64. However, the low numbers of patients over 64 years of age indicates that SFGH can improve the way it presents itself to this population. He also recommended that SFGH staff research best practices for design and use of hospital annual reports to make the report as useful as possible in the future.

5) SFGH CMS INCENTIVE PLAN (DSRIP) UPDATE

Sue Schwartz, Director of Performance Improvement, gave the update.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for information regarding the mechanism by which SFGH receives CMS funds. Mr. Pickens stated that SFGH receives CMS funds through an intergovernmental transfer of funds; achievement of benchmarks is necessary to receive CMS funds.

Commissioner Chow asked for information on the benchmarks chosen by SFGH for the upcoming year. Ms. Currin stated that SFGH developed a 5-year plan for CMS benchmarks which will be valid through 2015; SFGH will begin developing a new plan in the fall of 2014.

6) SFGH FACILITY SERVICES UPDATE

Kathy Jung, Director of Facility Services, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for clarification on the tasks of a switchboard operator. Ms. Jung stated that a SFGH switchboard operator answers the SFGH phone-line, which is staffed 24-hours a day.

7) LEAN UPDATE

William Huen MD, Associate Chief Medical Officer

Commissioner Comments/Follow-Up:

Commissioner Singer congratulated the SFGH staff on reducing the wait-time for the urgent care clinic. He stated that two hours is still a substantial wait and encouraged SFGH staff to continue efforts to reduce the wait-time to insure SFGH remains competitive.

Commissioner Chow asked if SFGH is attempting to generalize effective changes made in specific clinics to the whole hospital. Ms. Dentoni stated that changes made in one area of the hospital can be used throughout the hospital. Dr. Huen stated that it is an exciting time of change and SFGH staff are optimistic at the many possibilities of improving systems within SFGH.

Director Garcia stated that due to the success of LEAN at SFGH, the paradigm will be used in other areas of the DPH.

8) HOSPITAL ADMINISTRATOR'S REPORT

Roland Pickens, Chief Operating Officer, gave the report.

Program Updates:

1. Generous Support of Pediatric Service at SFGH

The Pediatric Service at San Francisco General Hospital and Trauma Center received a \$10,000 donation from the Northwestern Mutual Foundation. We thank them for their generous support.

2. 5150 Process

There have been references in recent days in the news about 72 hour "5150" holds. Following is a statement we released as a mean of educating the media.

The "5150" process to hold a person involuntarily for up to 72 hours while they undergo assessment for possible psychiatric disorders originates from California's Lanterman-Petris-Short (LPS) Act of 1968. The law provides for short term evaluation and treatment of individuals who, due to a mental illness, are at imminent risk of danger to themselves (due to active suicide risk), danger to others, or are gravely disabled (unable to provide food, clothing, or shelter).

The LPS law allows further involuntary psychiatric hospitalization for up to an additional 14 days only if these criteria continue to be met. If at any point, the criteria are not met, the emergency room or inpatient psychiatric unit is required by law to allow the individual to leave the hospital if they choose to do so. The law's requirement that imminent risk of danger be evident means that many individuals

who would benefit from treatment cannot be forced to receive it. If the person is in the midst of a brief crisis, as soon as their behavior is no longer dangerous, they are free to refuse treatment.

During the assessment, it may be found that the patient does not have a psychiatric disorder (such as schizophrenia, bi-polar disorder, depression, etc.). Their behavior could instead be caused by substance abuse or a medical condition, such as traumatic brain injury, for example. If that is the case, the patient may no longer be held involuntarily.

The law doesn't permit involuntary treatment beyond the 72 hour 5150 evaluation of an individual who becomes intoxicated with substances like alcohol, cocaine, or methamphetamine and behaves in dangerous ways. As the substances clear their system and they are no longer behaving dangerously, they must be allowed to decline substance abuse and/or psychiatric treatment even though they may be likely to become intoxicated in the future.

As imperfect as it may be, the LPS law attempts to balance society's need to be protected from dangerous behavior with individuals' civil right to be free to choose or decline treatment. There is no statutory limit to the number of 5150's that a person can have before being required to undergo treatment. Each episode is considered on its own.

3. 2013 Hearts Grants Awards Ceremony

The 7th Annual Heats Grants reception took place on September 13. This year, 95 proposals were received, of which 55 were funded – for a total of 1.2 million dollars. Funding for these grants come in part from the Heroes & Hearts and Hearts After Dark events. Many of the sponsors, or their representatives, of these two events were on hand to help present the awards.

4. Patient Flow Reports for September 2013

A series of charts depicting changes in the average daily census is attached.

5. Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached.

Medical/Surgical

Average Daily Census was 206.7, which is 2% below the number of budgeted beds and 85% of physical capacity of the hospital. 6% of the Medical/Surgical days were lower level of care and 5% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds, **excluding 7L**, was 40, which is 63% of budget and 62% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.6, which is 80% of budget (n=7) and 46% of physical capacity (n=12). Latest Utilization Review data from the INVISON System, for the month of September 2013, shows 81% non-acute days (28% lower level of care and 53% non-reimbursed).

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 25, which is 89% of our budgeted beds and 83% of physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 45, which is 42% of both our budgeted beds and our physical capacity. Including bed holds, these units are operating at 44% of budgeted beds and physical capacity.

Salary Variance to Budget by Pay Period Report for September 2013

For Pay Period ending September 13, 2013, San Francisco General Hospital recorded a positive variance between Actual and Budgeted salary cost – actual was \$598,635 less than budgeted. Fiscal Year to Date, San Francisco General Hospital has a positive variance of \$2,410,087/3.8%.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for information to help him understand the connection between the SFGH low patient census and low labor costs. He suggested that SFGH develop a budgeting pattern that is as precise as possible based on data. Ms. Dentoni stated that DPH has been working with Health Management Associates to increase the accuracy of budget planning for SFGH.

9) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

September 2013 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 7.8%

Staffing Ratio Data for the Month of September 2013; all staffing shifts were covered.

Professional Nursing for the Month of September 2013

Retention/Professional Development:

As part of ongoing professional development San Francisco General Hospital utilized funding from a grant, and sent four Registered Nurses to the ANCC Magnet Conference on October 2-4, 2013 in Orlando, Florida. This conference provided education to enhance the knowledge and understanding of the patient and workforce focused projects necessary to achieve superior patient outcomes and innovations in professional practice.

Nursing Excellence:

On October 8th, 2013, Terry Dentoni, RN, MSN, CNL – Interim Chief Nursing Officer, will present at the Donation and Transplantation Symposium at the Santa Clara Convention Center with over 400 attendees. Her presentation covered the topic of “DCD, a New Concept” on behalf of San Francisco General Hospital Donor Program.

Emergency Department (ED) Data for the Month of September 2013

The Emergency Department (ED) had a Diversion rate of 36% (270 hours) for August 2013. Trauma Override rate was 1.78% (13 hours). ED Encounters totaled 5258 patients, 843 of those were hospital admissions.

Psychiatric Emergency Service (PES) Data for the Month of September 2013

PES had 589 patient encounters during August 2013 and 649 in September. PES admitted a total of 153 patients to SFGH inpatient psychiatric units in September 2013, an increase from 141 inpatient admissions in August. In September a total of 496 patients were discharged from PES: 35 to ADUs, 11 to other psychiatric hospitals, and 450 to community/home.

There was a decrease in Condition Red hours from August to September. PES was on Condition Red for 6.9 hours during 14 episodes in September. The average length of Condition Red was 4.49 hours. In August, PES was on Condition Red for 132.9 hours, during 18 episodes, averaging 7.38 hours.

The average length of stay in PES was 15.38 hours in the month of September, a decrease from 19.33 hours in August.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between August 2013 and September, the percentage of which the patient was accepted and was admitted to PES decreased slightly, 54% in August and 52% in September. The percentage of which the referral was accepted but cancelled increased from 21% to 22%. This month, 26% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests increased from 81 in August to 86 in September.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

Commissioner Comments/Follow-Up:

Commissioner Singer requested that future reports include data on whether resignations were voluntary. Commissioner Chow noted that the PES data looks like it is getting worse. Ms. Dentoni stated that utilization management was initiated in psychiatry which has increased the available data which is providing a more accurate baseline.

Commissioner Chow requested information on SFGH revenue projections.

10) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

ADMINISTRATION/REGULATORY/COMPLIANCE

Professionalism Update

To continually educate and remind staff about OR requirements, particularly related to the Time Out process, the Halogen OR module will be required on an annual basis, and will be mandatory for all medical staff and trainees before doing procedures in the OR. This Halogen OR module will be a verification of the provider's knowledge of requirements in the SFGH OR.

Management of LLOC (Lower Level of Care) Patients:

Members discussed the Hospital Administration's recent decision to suspend 4 acute beds due to the high level of LLOC patients at SFGH, and action plans to maintain the acceptable level of LLOC patients. Action plans for immediate implementation to prevent further bed closures include:

- LLOC Disposition Rounds – Starting Sept 16, 2013, the LLOC Dispo Rounds will occur M-F at noon for quick discussion of all LLOC patients who do not yet have disposition. Attendings for Clinical Services with LLOC patients without a disposition in place will be required to attend to discuss strategies for disposition. The goal is to enable a higher level of engagement between the medical staff and the UM/Social Work, with the medical staff actively working on disposition at admission, and the UM/Social Work developing a more proactive approach to disposition, and work to offer both early notification of impending decertification and disposition options.
- Discharge Planning Order Set (piloted Sept 16) –The order set will enhance education for both trainees and staff, and will enable standardization of the discharge planning process.
- Risk Screening on Admission (Advance Care Planning Tool Pilot) (piloted Sept 16) – The Risk Screening Tool will be implemented at admission and completed by the UM team. Physician leaders and members from the Care Transitions Task Force will work with the UM/Social work staff to in-service them on the tool and review proactive patient disposition management. Results will be tracked and presented at a future MEC meeting.

CLINICAL SERVICE REPORTS:

Anesthesia Service Report– James Marks, MD, Service Chief

The report highlighted the following:

- Mission/Core Values
- Faculty and staff – The Anesthesia Service's faculty have significant leadership involvement institution-wide.
- Research- The UCSF and SFGH Anesthesia Services are ranked among the top institutional recipients of NIH support. A significant number of research grants are based at SFGH, which when ranked independently from UCSF, would stand 2nd nationally.
- Teaching- UCSF students have consistently ranked Anesthesia as the #1 core 110 clerkship in the last few years. There is an active and expanding simulator training unit on campus.
- Finance/Volume Statistics – Report included data on Anesthesia Income Sources, Prof Fee Billing, Expenses by Fund Source, Comparative Net budget Balances from 2005 to present, OR Revenue Side, Anesthesia Case Volume, OR Revenue Side.

- Clinical Care- Quality Assurance, Performance Improvement, and Patient Safety are essential and integral parts of the Service's mission. The Service has been addressing significant challenges in improving quality via simulation and checklists, improving resident education while optimizing efficiency, and improving access to perioperative care.
- OR, Present and Future State – Current space set up does not provide adequate access or patient experience. Challenges include the lack of a physical (dedicated) room for unscheduled add-ons, and the inability to accommodate current volume. Dr. Marks discussed action plans to improve access, including the use of a single site for coordinating pre-op care (pre-op clinic), experiment on fast-track rooms, and implementation status of SIS, a perioperative IT solution that combines surgical scheduling, perioperative nursing, documentation, automatic reporting of quality and efficiency data, surgical charges and AIMS.

Anesthesia OPPE Revisions

The Anesthesia OPPE form was revised to include specific thresholds on parameters.

ACTION ITEMS:

Ophthalmology Service Interim Service Chief – MEC approved the appointment of Dr. Jay Stewart as Interim Chief of Ophthalmology, to replace Dr. Bennie Jeng who resigned in August 2013. Per the SFGH Medical Staff Bylaws, Rules and Regulations, appointment for more than ninety days shall require approval of the MEC, the Associate Dean and the Governing Body. how long til a new candidate? Shannon Offer made by Feb and start in July. Approved.

Approved Privilege/Form Revisions:

- Standardization of Proctoring and Reappointment Criteria Across All Surgical Services' Privileges Lists -MEC approved the standardization of proctoring and reappointment criteria for privileges across all surgical services, covering Core, Special, Acute Trauma and Diagnostic Fluoroscopy privileges.

Approved Standardized Procedures (SP):

- Neurology SP - No changes to the content. Two new forms added – Request for Protocols, and Proctoring/Reappointment Form.

Anesthesia Rules and Regulations

MEC approved the proposed changes to the Anesthesia Service Rules and Regulations. Changes were mainly on formatting, and the only significant revision was on the Malignant Hypothermia (should be hyper) Intervention (MH) policy. Changes were made to the MH policy to provide greater detail while being easier to use during an emergency. A copy of the summary of changes to the MH policy is attached.

Action taken: The Committee unanimously approved the following:

- Ophthalmology Service Interim Service Chief
- Standardization of Proctoring and Reappointment Criteria Across All Surgical Services' Privileges Lists
- Neurology Standardized Procedures
- Anesthesia Rules and Regulations

11) QUALITY COUNCIL REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on the goal of making the Omnicell 95% accurate. Mr. Woods stated that one of the issues with the Omnicell is improving the method of dealing with expiration dates of medications.

Commissioner Singer asked for information regarding the current error rate of the Omnicell. Mr. Woods stated that the current error rate for the Omnicell is approximately 5%. Commissioner Singer requested that the Quality Council minutes be revised to include this current error rate.

Action Taken: The Quality Council minutes were unanimously approved.

12) PUBLIC COMMENT

There was no public comment.

13) CLOSED SESSION:

APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 10, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved the September, 2013 Closed Session minutes, Credentials Report, and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 6:12pm.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

David B. Singer
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN
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AGENDA

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL

Monday, November 18, 2013

9:00 a.m.

1001 Potrero Avenue, Conference Room 7E12
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

1) **CALL TO ORDER**

2) **PROPOSED ACTION:**

APPROVAL OF THE MINUTES OF THE OCTOBER 8, 2013 SAN
FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE
COMMITTEE MEETING

**Minutes of the meeting of October 8, 2013*

3) **FOR DISCUSSION AND
POSSIBLE ACTION:**

MEDICAL STAFF REPORT

(Shannon Thyne, M.D., Chief of Staff)

*THE COMMITTEE WILL HEAR THE SUMMARY OF DENTISTRY- ORAL MAXILLOFACIAL SURGERY SERVICE REPORT THAT
WAS PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON OCTOBER 17, 2013. APPROVAL REQUESTED
OF THE DENTISTRY-ORAL MAXILLOFACIAL SURGERY SERVICE RULES AND REGULATIONS – THERE WERE NO
CHANGES.*

4) **PUBLIC COMMENT**

AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMISSION ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE
WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH
RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS
REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMISSION FOR UP TO THREE MINUTES.
THE BROWN ACT FORBIDS A COMMISSION FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE
POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.

5) **CLOSED SESSION:**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.
- D) Closed session pursuant to California Government Code Sections 54956.9(d)(2) and San Francisco Administrative Code Section 67.10(d)(2), regarding death of patient Lynne Spalding in stairwell at San Francisco General Hospital.

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 8, 2013

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE
AND POSSIBLE ACTION: IMPROVEMENT
(Todd May, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Chief Quality Officer)

FOR DISCUSSION: ANTICIPATED LITIGATION AS DEFENDANT [SIGNIFICANT EXPOSURE
AND POSSIBLE ACTION: TO LITIGATION RELATING TO DEATH OF PATIENT LYNNE SPALDING
AT SAN FRANCISCO GENERAL HOSPITAL; UNKNOWN NUMBER OF
CASES]
(Kathy Murphy, San Francisco Deputy Attorney)

RECONVENE IN OPEN SESSION

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

6) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 7E12 is wheelchair accessible. It is located on the seventh floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the seventh floor and look for Room 7E12. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Stanyan**, and **#48 Quintara-24th St.** For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
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Judith Karshmer, Ph.D., PMHCNS-BC
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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL
Monday, November 18, 2013 9:00 a.m.
1001 Potrero Avenue, Conference Room 7E12
San Francisco, CA 94110**

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer

Staff: Barbara Garcia, Sue Currin, Shannon Thyne MD, Sue Carlisle, MD, Todd May, MD, Jeff Critchfield, MD, Kathy Jung, Kathy Murphy, Troy Williams, Sue Carlisle, Terry Dentoni, Iman Nazeeri-Simmons, Anson Moon, Dan Schwager, Roland Pickens, Mark Morewitz

The meeting was called to order at 9:03am. Commissioner Chow congratulated Mr. Pickens on his new role as Director of the San Francisco Health Network.

2) APPROVAL OF THE MINUTES OF THE OCTOBER 8, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING.

Action Taken: The SFGH JCC unanimously approved the minutes of the October 8, 2013 SFGH JCC meeting.

3) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked whether SFGH dentists need a DEA license. Dr. Thyne stated that SFGH allows medical providers to be credentialed without a DEA license if they do not prescribe medications; however, it is not clear if SFGH dentists prescribe medications. Dr. Chow suggested approving the Dentistry Oral-Maxillofacial Surgery Service Rules and Regulations with the

understanding that Dr. Thyne will report back to the SFGH JCC with information regarding prescribing practices of SFGH dentists.

Action taken: The Committee unanimously approved the Dentistry-Oral Maxillofacial Surgery Service Rules and Regulations

4) PUBLIC COMMENT

There was no public comment.

5) CLOSED SESSION:

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.
- D) Closed session pursuant to California Government Code Sections 54956.9(d)(2) and San Francisco Administrative Code Section 67.10(d)(2), regarding death of patient Lynne Spalding in stairwell at San Francisco General Hospital.

APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 8, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

ANTICIPATED LITIGATION AS DEFENDANT [SIGNIFICANT EXPOSURE TO LITIGATION RELATING TO DEATH OF PATIENT LYNNE SPALDING AT SAN FRANCISCO GENERAL HOSPITAL; UNKNOWN NUMBER OF CASES]

RECONVENE IN OPEN SESSION

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

Action Taken: The Committee approved the October, 2013 Closed Session minutes, Credentials Report, and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

6) ADJOURNMENT

The meeting was adjourned at 11:47am.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

David B. Singer
Commissioner

Belle Taylor-McGhee
Commissioner

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AGENDA

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL

Tuesday, December 10, 2013

3:00 p.m.

1001 Potrero Avenue, Carr Auditorium Building 3, Fifth Floor, Room 505
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

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1) **CALL TO ORDER**

2) **PROPOSED ACTION:** APPROVAL OF THE MINUTES OF THE NOVEMBER 18, 2013 SAN
FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

**Minutes of the meeting of November 18, 2013*

3) **FOR DISCUSSION AND
POSSIBLE ACTION:**

SFGH Hospital Plan for Provision of Patient Care Policy
(Troy Williams, Interim Chief Quality Officer)

*THE COMMITTEE WILL HEAR THE SUMMARY OF THE SFGH HOSPITAL PLAN FOR PROVISION OF PATIENT CARE
POLICY. THERE ARE MINOR CHANGES: UPDATING PATIENT DEMOGRAPHICS AND THE STRATEGIC PLAN SECTION,
AND REATTACHING LINKS TO APPENDICES AND CROSS REFERENCES. APPROVAL REQUESTED.*

4) **FOR DISCUSSION AND
POSSIBLE ACTION:**

SFGH Performance Improvement and Patient Safety Program
(PIPS) Policy
(Troy Williams, Interim Chief Quality Officer)

*THE COMMITTEE WILL HEAR THE SUMMARY OF THE SFGH PERFORMANCE IMPROVEMENT AND PATIENT SAFETY
PROGRAM (PIPS) POLICY. THERE ARE MINOR CHANGES (UPDATED LIST OF HOSPITAL ACQUIRED INFECTIONS,
HOSPITAL ACQUIRED CONDITIONS AND PATIENT SAFETY PROGRAMS UNDER THE PATIENT SAFETY PLAN; AND THE
LISTING OF THE UTILIZATION MANAGEMENT COMMITTEE UNDER PROGRAM DESCRIPTION. APPROVAL REQUESTED.*

- 5) **FOR DISCUSSION AND POSSIBLE ACTION:** **SFGH Environment of Care Report**
(Kathy Jung, Hospital Associate Administrator)
THE COMMITTEE WILL HEAR THE SUMMARY OF THE SFGH ENVIRONMENT OF CARE REPORT FOR FISCAL YEAR 2012-2013. THE REPORT OUTLINES PROGRESS AND IMPEDIMENTS IN THE SIX AREAS OF THE EOC PROGRAM AND THE HOSPITAL'S PREPAREDNESS FOR EMERGENCY RESPONSE. APPROVAL REQUESTED.
- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY MEASURES REPORT**
(Sue Schwartz, Director of Performance Improvement)
THE COMMITTEE WILL HEAR AN UPDATE OF QUALITY AND SAFETY MEASURES DATA FOR QUARTER 2, 2013
- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Susan A. Currin, Chief Executive Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF ACTIVITIES AND OPERATIONS OF SFGH.
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, Interim Chief Nursing Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF NURSING-RELATED INFORMATION AND DATA WHICH INCLUDES: EMERGENCY ROOM ADMISSION DATA; DIVERSION DATA; AND PSYCHIATRIC EMERGENCY SERVICES DATA.
- 9) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
THE COMMITTEE WILL HEAR A SUMMARY OF THE MEDICINE SERVICE REPORT THAT WAS PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON NOVEMBER 4, 2013. APPROVAL REQUESTED OF THE DEPARTMENT OF MEDICINE SERVICE RULES AND REGULATIONS, THE COMMUNITY PRIMARY CARE PRIVILEGE LIST AND THE STANDARDIZED PROCEDURE FOR DISCHARGING OF ADULT AND PEDIATRIC AMBULATORY SURGERY PATIENTS
- 10) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL REPORT**
(Troy Williams, Interim Chief Quality Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF THE MINUTES FROM THE November 19, 2013 QUALITY COUNCIL MEETING. APPROVAL REQUESTED.
- 11) **PUBLIC COMMENT**
AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMITTEE ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMITTEE FOR UP TO THREE MINUTES. THE BROWN ACT FORBIDS A COMMITTEE FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.
- 12) **CLOSED SESSION:**
- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I,

Section 1.

- D) Closed session pursuant to California Government Code Sections 54956.9(d)(2) and San Francisco Administrative Code Section 67.10(d)(2), regarding death of patient Lynne Spalding in stairwell at San Francisco General Hospital.

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 12, 2013

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE
AND POSSIBLE ACTION: IMPROVEMENT
(Todd May, M.D., Chief Medical Officer, Troy Williams, Interim Chief Quality Officer)

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

13) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Carr Auditorium Building 3 Conference Room 505 is wheelchair accessible. It is located on the Fifth Floor of Building 3. Carr Auditorium Building 3 is on 22nd Street and San Bruno. Upon entering the building, take an elevator to the fifth floor and look for Room 505. Public parking is available on 23rd Street, and also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To

allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Stanyan**, and **#48 Quintara-24th St.** For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

David B. Singer
Commissioner

Belle Taylor-McGhee
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HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

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Director of Health

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, December 10, 2013 3:00 p.m.

1001 Potrero Avenue, Carr Auditorium Building 3, Fifth Floor, Room 505
San Francisco, CA 94110

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1) CALL TO ORDER

Present: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer

Excused: Commissioner Edward A. Chow, M.D., Chair

Staff: Sue Currin, Sue Carlisle, MD, Barbara Garcia, Sue Schwartz, Troy Williams, Lann Wilder, Anson Moon, Jeff Critchfield, MD, Ken Ferrigno, Terry Dentoni, Iman Nazeeri-Simmons, Todd May, MD, Kathy Jung, Roland Pickens, Baljeet Sangha, Valerie Inouye, Dan Schwager, Dave Wood, Max Bunuan, Mark Morewitz

2) APPROVAL OF THE MINUTES OF THE NOVEMBER 18, 2013 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The SFGH JCC unanimously approved the minutes of the November 18, 2013 SFGH JCC meeting.

3) SFGH Hospital Plan for Provision of Patient Care Policy Troy Williams, Interim Chief Quality Officer, presented the policy.

Commissioner Comments/Follow-Up

Commissioner Singer requested that on page 4 of the redlined version of the policy, to show the age distribution of the population in San Francisco.

Action Taken: The SFGH JCC recommended that the full Health Commission approve the SFGH Hospital for Provision of Patient Care Policy.

4) **SFGH Performance Improvement and Patient Safety Program (PIPS) Policy**
Troy Williams, Interim Chief Quality Officer, presented the policy.

Action Taken: The SFGH JCC recommended that the full Health Commission approve the SFGH Performance Improvement and Patient Safety (PIPS) Policy.

5) **SFGH Environment of Care Report**

Kathy Jung, Hospital Associate Administrator, presented the report and introduced Captain Ken Ferrigno, the head of the Sheriff's Department at SFGH.

Commissioner Comments:

Commissioner Singer asked if SFGH is effectively tracking hazardous spills. Ms. Jung stated that staff sometime do not report spills because they clean them up themselves. Commissioner Singer asked how to inspire better reporting of spills. Lann Wilder, Director of Emergency Management, stated that SFGH educates staff; she added that there will be additional educational efforts to those specific areas that deal with hazardous materials including a checklist to use for follow-up of spills. Ms. Currin stated that all hazardous spills should be reported, without exceptions.

Commissioner Singer asked for more information on the SFGH violence prevention team. Ms. Wilder stated that SFGH has expanded the availability of SMART training, including de-escalation techniques, to all SFGH staff. In addition, SFGH reviews all unusual occurrences related to aggressive behavior/assaults throughout SFGH. She noted that most assaults are patients against patients. She also stated that SFGH is developing best practices on this topic and will disseminate this information.

Commissioner Singer stated that he is especially concerned about the safety of nursing staff. He opined that all SFGH staff should feel safe at work. Ms. Dentoni stated that SFGH educates nursing staff on de-escalation and other safety techniques.

Commissioner Sanchez asked whether there are protocols that dictate the Sheriff's staff responses to aggressive or violent behavior by patients or visitors to SFGH. Director Garcia stated that she and the Sheriff continue to meet to finalize the work-plan for SFGH security; she added that she welcomes input and direction from the Health Commission.

Commissioner Singer stated that it is important that there be clarity on the specific tasks that the Sheriff's Department staff can and cannot do; all ambiguity regarding their role in the security of SFGH must be dispelled through the corrective action plan that Director Garcia is working on with the Sheriff.

Action Taken: The SFGH JCC recommended that the full Health Commission approve the SFGH Environment of Care Report.

6) **QUALITY MEASURES REPORT**

Sue Schwartz, Director of Performance Improvement, presented the report.

Commissioner Comments/Follow-Up:

Commissioner Singer requested readmission data in future reports.

Commissioner Singer asked if there are some measures which, if achieved, will positively impact the achievement of other measures. Ms. Currin stated that most of the measures are mandated by regulatory bodies so they must be worked on and achieved individually. However, she added that any reduction in infections impacts cost effectiveness and patient safety/care. Dr. May added that there is no connection between most of the measures. He also stated that an important issue is that the Hospital's patient case mix is

lower than actual, making our patients seem less severely ill. The cause is that our providers are not trained to document our patients' conditions in a way to truly reflect their complex conditions. .

7) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, reviewed the report.

Program Updates:

1. LHH/SFGH Joint Hospital Operations Improvement Council

The LHH and SFGH Executive Staff convened, Tuesday, December 3, 2014, for the first meeting of the Joint Hospital Operations Improvement Council (JHOIC). The goal of the JHOIC is to identify, implement, and monitor performance improvement activities that will enhance care delivery, patient flow and communication between the hospitals, ambulatory services and community sites.

2. SFGH Staff Changes

Several staff changes occurred over the last month.

- Iman Nazeeri-Simmons is currently Interim Chief Operating Officer
- Troy Williams is currently Interim Chief Quality Officer
- Jay Kloof is currently Interim Director of Risk Management, in addition to being the Director of Regulatory Affairs

3. SFGH Foundation Staff Changes

It was announced that three people will be leaving, or have left, the San Francisco General Hospital Foundation:

- Stephanie Bray, Executive Director, has accepted the position of President and CEO of the United Way California Capital Region.
- Patricia Gallagher's, Director of Strategic Gifts, last day was November 21st. She is now Director of Development and Communications for the St. Anthony Foundation.
- Babak Motie, Director of Finance for the past 8 years, will be leaving before the end of the year.

We wish each of them the very best and thank them for the great work they have done for the Foundation.

Sara Haynes will serve as Interim Executive Director while a search is underway for the new Executive Director.

4. Annual Long Term Care Licensing Survey by CDPH

On November 20, 2013, the California Department of Public Health (CDPH) arrived to conduct the annual state licensing survey of the hospital long term care program on unit 4A/ Skilled Nursing Facility. It was a successful three day survey with one deficiency, which is in the process of correction.

On December 4, 2013, CDPH arrived to conduct the annual Life Safety Code (LSC) survey. This included Unit 4A/Skilled Nursing Facility and the BHC/Skilled Nursing Facility. It, too, was a successful survey with minor deficiencies corrected in real-time.

Successful surveys requires support from all departments including Nursing, Facility Services, Food & Nutrition Services, Clinical Dietary Services, Human Resource Department, Medical Staff Office, Occupational Health Services, Environmental Services, Health Information Services, Infection Control Department, Leadership, and the UCSF Dean's Office.

5. Joint Commission Intracycle Monitoring Process Survey

The Joint Commission will be on site at SFGH starting Monday December 9, 2013 through Friday December 13, 2013 to conduct the Intracycle Monitoring (ICM) Option 2 accreditation survey. Although this is a full survey of the hospital's compliance with Joint Commission standards, it is also a consultative survey, conducted in order to validate the hospital's readiness for its triennial Hospital Accreditation Program (HAP) survey. The HAP survey will be unannounced and anticipated to be within the next 6 months.

6. Dialysis Update

Barbara Garcia, Roland Pickens, and Sue Currin met with patients of the SFGH Dialysis Center regarding future plans for the Center. Director Garcia announced her decision to cease with planning for moving the SFGH Dialysis Center to Laguna Honda Hospital, and instead that she is actively seeking a solution that would allow for construction of a regulatory compliant Dialysis Center at or in close proximity to SFGH. Overwhelmingly, the patients indicated their preference that the Center remains at SFGH. A series of follow-up meetings will be held with patients and staff to discuss options for keeping the Center at SFGH or close proximity.

7. Patient Flow Reports for November 2013

A series of charts depicting changes in the average daily census is attached.

8. Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for information regarding the timeline to hire an Executive Director of the SFGH Foundation. Dr. Carlisle stated that consultants have been hired to assist with this process, which is expected to take approximately 3 months.

Commissioner Singer stated that it is difficult to assess how well SFGH is doing compared to its budget because budget projections do not accurately account for various cycles in patient flow. Ms. Inouye stated that SFGH has ordered new software which will more accurately monitor all aspects of SFGH's operational budget. The new software will be installed and ready to use next year.

8) **PATIENT CARE SERVICES REPORT**

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

November 2013 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 12.5% Staffing Ratio Data for the Month of November 2013; all shifts were covered. Professional Nursing for the Month of November 2013

Retention/Professional Development:

November's Nursing Grand Rounds and Journal Club, sponsored by the Research Council were successful in disseminating knowledge regarding motivational interviewing and the care of people with dementia.

Nursing Excellence:

Justin Dauterman RN, Clinical Educator for Critical Care has been selected as the Interim Staff RN Co-chair for the Coordinating Council. Justin previously served as the co-chair for the Professional Development Council and currently serves as the Co-chair for the Critical Care Service Council. Justin will co-chair the Coordinating Council with CNO, Terry Dentoni. Justin is taking on a key role in advancing shared governance to meet the milestones for the Magnet journey.

Emergency Department (ED) Data for the Month of November 2013

The Emergency Department (ED) had a Diversion rate of 34% (246 hours) for November 2013. Trauma Override rate was 3.51% (25 hours). ED Encounters totaled 5122 patients, 798 of those were hospital admissions.

Psychiatric Emergency Service (PES) Data for the Month of November 2013

PES had 602 patient encounters during October 2013 and 611 in November. PES admitted a total of 137 patients to SFGH inpatient psychiatric units in November 2013, a decrease from 157 inpatient admissions in October. In November a total of 474 patients were discharged from PES: 48 to ADUs, 19 to other psychiatric hospitals, and 407 to community/home.

There was an increase in Condition Red hours from October to November. PES was on Condition Red for 69.72 hours during 10 episodes in November. The average length of Condition Red was 6.97 hours. In October, PES was on Condition Red for 35.4 hours, during 10 episodes, averaging 3.53 hours.

The average length of stay in PES was 16.7 hours in the month of November, an increase from 15.04 hours in October.

6. Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral. *Accepted and Arrived Referrals* refer to patients that have been approved by PES for admission and are admitted to the unit. *Accepted and Cancelled Referrals* refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This could be because the referring hospital has decided to place the patient on their own psychiatric unit, or because the patient has cleared psychiatrically and the 5150 hold has been dropped. *Inappropriate Referrals* refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement. Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between October and November, the percentage of which the patient was accepted and was admitted to PES increased from 52% to 69%. The percentage of which the referral was accepted but cancelled decreased from 21% to 13%. This month, 18% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests increased from 67 in October to 90 in November.

Commissioner Comments/Follow-Up:

Commissioner Sanchez asked who designs and gives the DPH nursing examines; he added that since there is such a great need to fill nursing positions that DPH should consider applying for a waiver until a valid nursing exam is approved by all parties. Director Garcia stated that she did not think it possible to obtain a waiver for this purpose. Ms. Currin stated that there are sometimes hundreds of applicants for every open SFGH nursing position.

9) MEDICAL STAFF REPORT

Todd May, M.D., gave the report.

ADMINISTRATION

ACA Update

CMO Todd May, MD referred to the next big step in implementation of the ACA and acknowledged that staff may be feeling a bit overwhelmed with the change. There is still much left to do, with ongoing dialogue required to contend with this transformation. To succeed, we need to see the hospital and medical staff as united, requiring a truly integrated medical staff, striving for common goals and having common understandings of what needs to be done and how it needs to be done. Paradigms are changing and finance is driving a lot of the shift from volume and fee-for-service to capitation. Everyone in the organization needs to contribute to the paramount importance of the patient experience at SFGH. ACA payment reform requires that we control our costs both out-of-network and in-house and eliminate waste. Also, CMS has a new rule regarding observation status - a change in managing shorter stays for patients that applies to every service. Medical Staff leaders need to learn these changes and transmit it to their colleagues. New IT processes, Meaningful Use, CPOE, SIS and ICD-10 will be features for each service to address, and there will need to be an expert (champion) for each project. Hospital rebuild associated IT is a major issue and accountability is the name of the game regarding value-based purchasing. Metrics from CMS, DPH, and the health plans need to be implemented. Also, the CPG needs to transition into adopt a more integrated medical staff model. Dr. May stated that it is encouraging to recognize that we have come a long way since these discussions began a few years ago. We need to approach this collectively and we have a great team that is poised to succeed.

CEO Susan Currin commented that through the “Lean” initiatives, we can recognize that we have a lot of opportunities to improve within the system that we have now. We need to make the needed changes in those opportunities already identified, in particular with regard to access standards. As the chair of the SF Health Plan Board of Directors, Ms. Currin indicated that if we delay implementation, we risk sending our patients to other hospitals for care. She encouraged everyone to pull together and she knows that we can be successful.

Rachael Kagan presented a document which includes the Top 3 Points to Make to Patients about Health Reform and the Top 5 Questions to Expect from Patients. This handout can be used as a tool for providers in talking to patients about health reform. There is also a recap of information in the attachment that can be used as a cheat sheet and may be turned into a Pocket Card for providers and staff. The provision of this information would be an adjunct to what is done by the Eligibility and Enrollment Office and there is additional contact information listed for enrollment. SFGH is able to enroll patients in Covered CA beginning December. The revised version of the cheat sheet also has information for undocumented patients. Patients will still choose based on their “medical” home. Also noted on the document is that some SFGH patients received a letter from DPH, and these patients are expected to be eligible for Covered CA. Once finalized, the handout will be distributed to providers and staff, and in particular the trainees who do primary care.

CLINICAL SERVICE REPORTS:

Medicine Service Report– Neil Powe, MD, Service Chief

The report highlighted the following:

- Organization & People: The Department of Medicine (DOM) has 145 full time faculty with 98 volunteer faculty as well as others. Dr. Powe provided some additional information regarding

the faculty and staff. They have 5 research & training centers. Data for in and outpatient services were presented. Inpatient reports include admissions, hospital stays, discharges and length of stay for the past 5 years.

- **Budget:** The budget for FY2014 is \$125 million (27% of the UCSF DOM budget), 59% dedicated to research (38% of all DOM sponsored research), one third of its funding being clinical.
- **Clinical Services & Performance:** There are 26 DOM providers of 130 participants in the Quality & Leadership Academy, and the DOM is represented on 12 of 21 Performance Improvement (PI) teams. Sepsis mortality has been reduced by 45% since 2010. Ten publications have been written regarding the STEMI's, a few of them listed on the attached slide presentation. We are at goal for door-to-balloon time for PCI <90 minutes for STEMI, and are just shy of our DSRIP goal of 80% for VTE Prophylaxis Non-ICU. Other outcome measures were included noting countermeasures to further improve performance. A couple of pilot projects were featured, the Attending Face Cards which addresses enhanced provider identification, the Physician on Duty, Hospitalist (POD) Pilot which addresses improvement in the judicious use of resources and optimal patient flow, and which is used in the ongoing professional practice evaluation (OPPE) metrics. The General Medicine Clinic (GMC) outcome measures were included and SFGH compares well to national averages with those included in the presentation. Patient conditions are stratified and plans are developed and resources funneled accordingly, levels 1, 2 and 3, goals, and components are depicted. The GMC Care Management Program has improved care and efficiency reducing hospital days and ED visits per year per patient by 61% and 27% respectively (less than 1 year's data analyzed). The requirements for GMC data dashboards were reviewed, the operational metrics being standardized across all clinics and the clinical metrics being clinic specific. Patient Experience has its dashboard and CG-CAHPS has been initiated in 2 of 5 inaugural specialty clinics. California Healthcare Foundation- Innovations for the Underserved Program: Two high volume diagnostic services where there were needs for improvement were targeted. A couple of grants were awarded to SFGH for the implementation evaluation for 1) SFGH Sleep Program redesign, and 2) iRhythm Zio Patch at SFGH. A summary of Hearts grants awards was provided and the SFGH/SFDPH "hub" was awarded as one of three innovation centers statewide by the Center of Care Innovations. Also, as part of their Innovation Center for the Safety Net, we have made a two-year commitment to implement 4-8 high-value innovations.
- **Clinical Teaching:** Master Clinicians were recognized for *professional excellence*. A snapshot of who we teach was provided. The academic focus is care for the underserved. The DOM Quality and Safety Innovation challenge for 2012-13 was reviewed and there are 19 SFGH-specific projects. Four Academy of Medical Educators were recognized for Academic Excellence.
- **Research Activities:** Research activities span from the laboratory, to the bedside, to the populations served. A breakdown of funding was provided, 26% of NIH funding attributed to SFGH DOM. SFGH DOM represents 22% of total UCSF DOM faculty. The activities of the HIV/AIDS research were summarized. The Pulmonary Division does a lot of work with TB including new ways to diagnose it, testing for TB in serum. Lung Biology Division does work with asthma. Other areas include Hospital Medicine, General IM, Gastroenterology, Experimental Medicine, Cardiology, ID, Rheumatology, and Nephrology Research. The research is based on problems seen in the patient population and the results are disseminated around the world.

- Goals & Challenges: The challenges include healthcare reform uncertainty and changing demand for our services. Another challenge is to generate meaningful data and information for feedback to providers.

Action Taken: The SFGH JCC unanimously approved the following:

- Community Primary Care Privilege List
- Discharge from Post Anesthesia Care Unit (PACU) Standardized Procedure
- Medicine Service Rules and Regulations.

QUALITY COUNCIL REPORT

Troy Williams, Interim Chief Quality Officer, and Todd May, MD, gave the report for October and November, 2013.

Action Taken: The SFGH JCC approved the Quality Council Reports.

10) PUBLIC COMMENT

There was no public comment.

11) CLOSED SESSION:

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.
- D) Closed session pursuant to California Government Code Sections 54956.9(d)(2) and San Francisco Administrative Code Section 67.10(d)(2), regarding death of patient Lynne Spalding in stairwell at San Francisco General Hospital.

APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 12, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCEIMPROVEMENT

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

Action Taken: The Committee approved the November, 2013 Closed Session minutes,

Credentials Report, and the Performance Improvement and Patient Safety Reports and voted not to disclose other discussions held in closed session.

12) ADJOURNMENT

Commissioner Sanchez thanked everyone for their work and wished everyone a happy holiday. The meeting was adjourned at 4:51pm

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D, PMHCNS-BC
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Monday, February 24, 2014

8:30 a.m. – 10:30 a.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

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- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** APPROVAL OF THE MINUTES OF THE DECEMBER 10, 2013 SAN FRANCISCO GENERAL HOSPITAL (SFGH) JOINT CONFERENCE COMMITTEE MEETING
**Minutes of the meeting of December 10, 2013*
- 3) **FOR DISCUSSION AND POSSIBLE ACTION:** SFGH Rebuild Update
(Terry Saltz, Mark Primeau, Ron Alameida, Tristan Cook)
THE COMMITTEE WILL HEAR AN UPDATE OF THE SFGH REBUILD PROJECT. REPORT ATTACHED.
- 4) **FOR DISCUSSION AND POSSIBLE ACTION:** Lean Update
(Iman Nazeeri-Simmons, Interim Chief Operating Officer)
THE COMMITTEE WILL HEAR AN UPDATE ON LEAN ACTIVITIES AT SFGH. REPORT ATTACHED.
- 5) **FOR DISCUSSION AND POSSIBLE ACTION:** HOSPITAL ADMINISTRATOR'S REPORT
(Susan A. Currin, Chief Executive Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF ACTIVITIES AND OPERATIONS OF SFGH. REPORT ATTACHED.
- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** PATIENT CARE SERVICES REPORT
(Terry Dentoni, Interim Chief Nursing Officer)

THE COMMITTEE WILL HEAR A SUMMARY OF NURSING-RELATED INFORMATION AND DATA WHICH INCLUDES: EMERGENCY ROOM ADMISSION DATA; DIVERSION DATA; AND PSYCHIATRIC EMERGENCY SERVICES DATA. REPORT ATTACHED.

7) **FOR DISCUSSION AND
POSSIBLE ACTION:**

MEDICAL STAFF REPORT
(Shannon Thyne, M.D., Chief of Staff)

THE COMMITTEE WILL HEAR A SUMMARY OF THE NEUROSURGERY SERVICE REPORT AND THE UROLOGY SERVICE REPORT THAT WERE PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON JANUARY 14, 2014. APPROVAL REQUESTED FOR THE DEPARTMENT OF NEUROSURGERY AND THE DEPARTMENT OF UROLOGY RULES AND REGULATIONS; THE INTERIM SERVICE CHIEF APPOINTMENT FOR OTOLARYNGOLOGY; THREE INTERNAL GUIDELINES THAT ADDRESS COMPLIANCE WITH THE JOINT COMMISSION'S REQUIREMENT FOR IMPROVEMENTS; THE ORTHOPEDIC SURGERY PRIVILEGE LIST; AND STANDARDIZED PROCEDURES RELATED TO THE PHARMACY PROGRAM AND TO THE TATTOO REMOVAL PROGRAM.

8) **FOR DISCUSSION AND
POSSIBLE ACTION:**

QUALITY COUNCIL REPORT
(Troy Williams, Interim Chief Quality Officer)

THE COMMITTEE WILL HEAR A SUMMARY OF THE MINUTES FROM THE January 21, 2014 QUALITY COUNCIL MEETING. APPROVAL REQUESTED.

9) **PUBLIC COMMENT**

AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMITTEE ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMITTEE FOR UP TO THREE MINUTES. THE BROWN ACT FORBIDS A COMMITTEE FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.

10) **CLOSED SESSION:**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.
- D) Closed session pursuant to California Government Code Sections 54956.9(d)(2) and San Francisco Administrative Code Section 67.10(d)(2), regarding death of patient Lynne Spalding in stairwell at San Francisco General Hospital.

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 14, 2013

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE

AND POSSIBLE ACTION: IMPROVEMENT

(Todd May, M.D., Chief Medical Officer, Troy Williams, Interim Chief Quality Officer)

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Stanyan**, and **#48 Quintara-24th St.** For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

David B. Singer
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
Department of Public Health**



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Monday, February 24, 2014

8:30 a.m. – 10:30 a.m.

**1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer (departed at 10:58am)

Staff: Sue Currin, Barbara Garcia, Shannon Thyne, Terry Dentoni, Sherminah Jafarieh, Sue Carlisle, MD, Jeff Crithfield MD, Troy Williams, Valerie Inouye, Kathy Jung, Kathy Murphy, Roland Pickens, Iman Nazeeri-Simmons, Todd May MD, Mark Morewitz, Terry Saltz, Ron Alameida, Marcellina Ogbu, Dan Schwager, Will Huen, MD, Sheriff Captain Ferrigno

The meeting was called to order at 8:31am.

2) APPROVAL OF THE MINUTES OF THE DECEMBER 10, 2013 SAN FRANCISCO GENERAL HOSPITAL (SFGH) JOINT CONFERENCE COMMITTEE MEETING

Commissioner Comments/Follow-Up:

Commissioner Singer asked for a timeline on when the JCC and the full Health Commission will hear an update on SFGH/SFDPH security issues. Director Garcia stated that the independent review of these issues is still underway; recommendations from the report should be available in April or May. The information will then be presented to the Health Commission.

Action Taken: The minutes of the December 10, 2013 SFGH JCC meeting were unanimously approved.

3) SFGH REBUILD UPDATE

Terry Saltz, SFGH Rebuild Project, Ron Alameida, SF Department of Public Works, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Singer stated that the project's local hiring decreased in 2013 and asked for a projection of whether it will continue to decrease in 2014. Mr. Alameida stated that as the project moves forward, the type of trades needed shifts; because of the current number of non-City construction projects occurring throughout San Francisco, there is competition for local tradespeople. However, he stated that the percentages of local hiring should not dramatically shift in 2014. Ms. Currin requested analysis on this data to develop better predictors for 2014 and 2015.

Commissioner Chow asked for an update on the steam generators. Mr. Saltz stated that in May, SFGH will transition to smaller boilers that will still release a small amount of venting vapor.

Commissioner Singer asked for a comparison of interest rates from the last bond sale and the current bond sale. Mr. Alameida stated that he did not have the information with him but that he would email Mr. Morewitz that information.

Commissioner Chow requested that updates on the furniture, fixtures and equipment and transition planning be added to future reports.

4) LEAN UPDATE

Iman Nazeeri-Simmons, Interim Chief Operating Officer, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Singer stated that SFGH would be able to function more efficiently and effectively if it had a comprehensive electronic medical record system. Ms. Nazeeri-Simmons stated that it is necessary to have a comprehensive electronic medical record in order to be a true Lean organization; data from the electronic medical record is necessary to make well-informed clinical and business decisions that improve the delivery of care.

Director Garcia stated the SFDPH HR Director will use Lean and that Lean training will be offered to the SFDPH Leadership; she also encouraged the Health Commission to participate in Lean training. Mr. Pickens stated that there is a Lean governing board process.

Commissioner Chow asked for a future presentation to the Health Commission on Lean activities within SFDPH's other sections.

Dr. Critchfield suggested that the Health Commission view several of the SFGH Lean videos; Ms. Nazeeri-Simmons stated that she would have links to the videos sent to Mr. Morewitz.

5) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

Program Updates:

Update on Heart of Our City Capital Campaign

The Heart of Our City Capital Campaign for SFGH is conducted by the San Francisco General Hospital Foundation to raise funds for the purchase of furniture, fixtures and medical equipment necessary for the new hospital building. At this time, the campaign remains in the “silent” phase. The Foundation Campaign Steering Committee and staff are approaching members of the philanthropic community who would consider a gift of \$1 million or more toward the philanthropic funding need of \$65 million. To date, the Foundation has secured commitments/pledges totaling \$32 million. We are extremely grateful for those members of the community who have already contributed to this transformative effort.

Inpatient Flow and Community Placement Dashboard

Staff of the Controller's Office is working with DPH staff from LHH, Community Placement and SFGH in developing a dashboard displaying patient flow trends. This dashboard will be generated monthly and will provide a high level view of patient flow within the San Francisco Health Network.

Patient Flow trends include Average Daily Census, Average Length of Stay, Bed Holds, 30-Day Readmissions, beds/placement vacancy rates and Lower Level of Care Days. This data will now be consolidated in a single dashboard report.

Regulatory Update

- SFGH successfully completed The Joint Commission Intracycle Monitoring (ICM) Option 2 accreditation survey. This full but consultative survey verified the Hospital's readiness for its triennial Hospital Accreditation Program (HAP) survey. We are currently in the process of correcting the identified vulnerabilities noted during our survey. The HAP survey will be unannounced and anticipated to be within the next 6 months.
- The federal Centers for Medicare and Medicaid Services (CMS) has verified the hospital's compliance with its Plan of Correction (POC) to make improvements in system issues identified during the Lynne Spalding Ford investigation. CMS conducted a thorough investigation from October 30 to November 8 2013, following the hospital's self-reporting of Ms. Spalding's death. The survey covered general security, patient safety/security and privacy. The federal investigators returned the week of January 21 to re-survey the hospital. The surveyors completed staff interviews, observed practice in the patient care areas, and reviewed documents before concluding that SFGH is in compliance with all requirements.

Many of the changes outlined in the POC have been implemented. Installation of a patient tracking system is scheduled for February 14; and we anticipate a report from the independent security reviewer on March 14.

SFGH Dialysis Center Update

Barbara Garcia, Roland Pickens, and Sue Currin met with patient representatives from the SFGH Dialysis Center on January 29, 2014 regarding the future plans for the Center. Director Garcia announced that relocating the Dialysis Center at LHH is no longer being considered. The Department will develop plans to move the SFGH Dialysis Center from Building 100 to another location on the SFGH campus. The plans are contingent on the successful passing of a City bond in November 2015

to finance the new Center and the California Department of Public Health continued licensing of the operation in its current location.

Upcoming HRSA Audit on 340B Program

The 340B Drug Pricing Program (340B Program) is a Federal program that allows the DPH's ambulatory care clinics, the San Francisco Community Consortium Clinics and San Francisco General Hospital and its clinics to purchase outpatient drugs at deeply discounted rates. In turn, DPH provides free drug access to low-income, uninsured, and under-insured patients through its Healthy San Francisco health access program.

The Health Services and Resources Administration (HRSA) is undertaking "program integrity" measures related to participation in the 340B Drug Pricing Program. The DPH's ambulatory care clinics, the San Francisco Community Consortium Clinics and the SFGH campus clinics were selected for audit during the February 24 – 28, 2014 period.

Auditors may visit the SFGH campus clinics and community health centers (COPC) to check medical records and verify prescribing. They may also visit local pharmacies to validate prescription dispensing and request records from Human Resources, Credentialing, and the Dean's Office to validate prescriber status.

Heroes and Heart Luncheon

The tenth annual Heroes & Hearts luncheon took place on February 13, honoring local heroes and artists while raising funds for the San Francisco General Hospital Foundation, all under a big tent at AT&T Park. This year's heroes included **Joan Varney**, who created the Hospital's Comfort Garden, provided produce grown on the Hospital campus to Project Open Hand, and who recently help launched the Garden Giveaway Program, which distributes fresh produces grown on-site to hospital's patients and neighbors. Also honored was **Thomas Perkins**, who organized the annual Dudley Perkins Toy Run for the last 30 years as a way to give thanks to the hospital that saved his life and the lives of many other motorcyclists. A third hero to be honored was **Joe Drake**, once a client of the San Francisco Wraparound Project, who now conducts monthly seminar where he speaks to inspire youths to make positive changes in their lives.

In addition to spotlighting these exceptional community heroes, 8 full size hearts, 4 table top hearts and 15 mini heart sculptures were auctioned with proceeds benefitting the Foundation. The luncheon was followed by the very popular evening event – Hearts After Dark – already in its fifth year.

Celebrating Chinese New Year

The San Francisco General Hospital Chinese Employee Association hosted a celebration of the New Year (Year of the Horse) on February 13, 2014. The celebration included a special lunch menu, a lion dance by the San Francisco Police Department Lion Dance Team, a Tai Chi demonstration, and a traditional Chinese folk dancing performance.

Patient Flow Reports for January 2014

A series of charts depicting changes in the average daily census is attached.

Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached to the original copy of the minutes of this meeting.

Commissioner Comments/Follow-Up:

Regarding item 3, "Regulatory Update," Commissioner Singer asked clarification of the consequences of SFGH not meeting the goals of its CMS Plan of Correction. Ms. Currin stated that CMS could require that SFGH stop accepting new admissions and withhold Medicare and MediCal reimbursements.

Director Garcia stated that the SFDPH Human Resource Department focused on hiring primary care medical providers in 2013 to best prepare for ACA implementation. For this year, she has requested that HR efforts focus on SFGH hiring issues. Commissioner Chow requested an update on the SFGH CMS Plan of Correction at the next SFGH JCC meeting.

Commissioner Sanchez asked for more information on the 2/14/14 patient incident in which an elderly Latina patient was assaulted in the SFGH emergency room. He stated that he had received calls from the Latino community with concern about the situation. Director Garcia stated that Ms. Currin meets with the SFGH Security leadership weekly and that Director Garcia meets with the Sheriff monthly to discuss and review issues related to SFGH/SFDPH security. Ms. Currin stated that the incident was not related to security issues.

6) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

1. January 2014 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 13.7%

The 89.8 FTE RN vacancies have resulted in a YTD Per Diem unfavorable variance of 78.11 FTEs. The higher number of vacancies results in inconsistent staffing levels required to meet regulatory requirements and plans of corrections. In addition to the RN vacancies, there are 65 ancillary FTE vacancies and 9 vacant leadership positions in nursing. Managers have been asked to cover additional units and in some area nurses with no management experience are being used to backfill in acting positions.

2. Staffing Ratio Data for the Month of January 2014; all shifts covered.

3. Professional Nursing for the Month of January 2014

Retention/Professional Development:

February Nursing Grand Rounds will focus on Complex Care Management and Care Transitions in the Primary Care Clinics of SFDPH. Judith Sansone, RN, MS, Director of Nursing for COPC - will be a featured speaker.

After the holiday break, SFGH is once again hosting nursing students for clinical placements from Bay Area Schools of Nursing. Students from LVN, RN, CNL, MSN and NP Programs complete clinical placements at SFGH. SFGH hosts more than 300 students during the academic year. SFGH also hosts students from nursing and medical assistant programs.

Nursing Excellence:

In collaboration with USF, SFGH will be hosting a group of Korean Nurses on Tuesday, February 4th. The group is here to learn about Nursing and health care delivery in the US. USF students and faculty recently participated in a similar event in Korea.

Terry Dentoni, CNO and Wanda Borges, Associate Dean of the USF School of Nursing presented at the CNL Research Symposium of the American Association of the Colleges Nursing "CNL Summit" which was held in Anaheim CA in January. The presentation focused on the "Integration of the Clinical Nurse Leader Role" into today's healthcare environment.

4. Emergency Department (ED) Data for the Month of January 2014

- Diversion Rate: 49%
- ED diversion - 260 hours (35%) + Trauma override - 106 hours (14%)
- ED Encounters: 5379
- ED Admissions: 754
- ED Admission Rate: 14%

5. Psychiatric Emergency Service (PES) Data for the Month of January 2014

PES had 567 patient encounters during December 2013 and 608 in January 2014. PES admitted a total of 137 patients to SFGH inpatient psychiatric units in January, an increase from 119 inpatient admissions in December. In January a total of 471 patients were discharged from PES: 39 to ADUs, 25 to other psychiatric hospitals, and 407 to community/home.

There was an increase in Condition Red hours from December to January. PES was on Condition Red for 63.58 hours during 6 episodes in January. The average length of Condition Red was 10.6 hours. In December, PES was on Condition Red for 25.5 hours, during 4 episodes, averaging 6.37 hours.

The average length of stay in PES was 16.70 hours in the month of January, very close to the December LOS of 16.73 hours.

6. Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This could be because the referring hospital has decided to place the patient on their own psychiatric unit, or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement. Common reasons for declining transfer of a

patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between December and January, the percentage of which the patient was accepted and was admitted to PES increased from 55% to 63%. The percentage of which the referral was accepted but cancelled increased from 17% to 18%. This month, 19% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests decreased from 107 in December to 88 in January.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for more information regarding the high level of vacancies. Ms. Dentoni stated that the City hiring process is slow; SFGH is using per diem staff until permanent staff can be hired.

Commissioner Singer stated that SFGH has a salary savings because it cannot hire staff in a timely manner; he added that SFGH is also operating below budgeted census. He asked if SFGH can determine from which of these categories is the majority of its savings is coming from. Ms. Inouye, SFGH Budget Director, stated that the current SFGH financial management software does not enable SFGH budget staff to provide this level of analysis of data.

Commissioner Singer requested more information on how SFGH/SFDPH is planning for staff retention and retirements.

7) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for more information on the recommended Interim Service Chief of Otolaryngology. Dr. Thyne stated that Dr. Marika Russell has already been in a leadership role and is the only full time physician in the otolaryngology. Dr. Carlisle stated that SFGH will conduct a nationwide search and Dr. Russell will be included in the candidates interviewed. Dr. Thyne stated that the search should be concluded by July 2015.

Action Taken: The following were unanimously approved by the SFGH JCC:

- Interim Service Chief Appointment for Otolaryngology: Dr. Marika Russell as the Interim Chief of Otolaryngology.
- Approval of Three Internal Guidelines:
 - Guidelines for Early Management of Patients with Acute Ischemic Stroke – 2012 version.
 - Management of Aneurysmal Subarachnoid Hemorrhage – 2012 version.
 - Administrative Policy 20.10 (Approved under Section II above)
- Approved Privilege/Form Revisions:

- Revised Orthopedic Surgery Privilege List – The Orthopedic Privilege list was revised to indicate the standardized criteria for privileges in all Surgical Services, as recommended by Dr. Miclau and accepted by MEC.
- Approved Standardized Procedures (SP):
 - PHP SP for Pharmacists
 - Tattoo Removal SP –The locations where practitioners can perform procedure are now specified in the SP.
- Neurosurgery Service Rules and Regulations/OPPE:
- Urology Service Rules and Regulations/OPPE

8) QUALITY COUNCIL REPORT

Troy Williams, Interim Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer congratulated SFGH on improvements on its GI measures.

Action Taken: The SFGH JCC approved the Quality Council Report.

9) PUBLIC COMMENT

10) CLOSED SESSION:

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.
- D) Closed session pursuant to California Government Code Sections 54956.9(d)(2) and San Francisco Administrative Code Section 67.10(d)(2), regarding death of patient Lynne Spalding in stairwell at San Francisco General Hospital.

APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 14, 2013

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved the December, 2013 Closed Session minutes and the Performance Improvement and Patient Safety Report; the February Credentials Report was approved by the full Health Commission at its February 18, 2014 meeting. The Committee voted not to disclose other discussions held in closed session.

11) **ADJOURNMENT**

The meeting was adjourned at 11:16am.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
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AGENDA

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL

Tuesday, March 11, 2014

3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6

San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

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1) **CALL TO ORDER**

2) **PROPOSED ACTION:**

**APPROVAL OF THE MINUTES OF THE FEBRUARY 24, 2014
SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE
COMMITTEE MEETING**

**Minutes of the meeting of February 24, 2014*

3) **FOR DISCUSSION AND
POSSIBLE ACTION:**

QUALITY MEASURES REPORT

(Sue Schwartz, Director of Performance Improvement)

THE COMMITTEE WILL HEAR AN UPDATE OF QUALITY AND SAFETY MEASURES DATA FOR QUARTER 3, 2013

4) **FOR DISCUSSION AND
POSSIBLE ACTION:**

HOSPITAL ADMINISTRATOR'S REPORT

(Susan A. Currin, Chief Executive Officer)

THE COMMITTEE WILL HEAR A SUMMARY OF ACTIVITIES AND OPERATIONS OF SFGH.

5) **FOR DISCUSSION AND
POSSIBLE ACTION:**

PATIENT CARE SERVICES REPORT

(Terry Dentoni, Interim Chief Nursing Officer)

*THE COMMITTEE WILL HEAR A SUMMARY OF NURSING-RELATED INFORMATION AND DATA WHICH INCLUDES:
EMERGENCY ROOM ADMISSION DATA; DIVERSION DATA; AND PSYCHIATRIC EMERGENCY SERVICES DATA.*

- 6) **FOR DISCUSSION AND** **MEDICAL STAFF REPORT**
POSSIBLE ACTION: (Shannon Thyne, M.D., Chief of Staff)
 THE COMMITTEE WILL HEAR A SUMMARY OF THE MEDICINE SERVICE REPORT THAT WAS PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON FEBRUARY 10, 2014 AND FEBRUARY 20, 2014. APPROVAL REQUESTED OF THE DEPARTMENT OF RADIOLOGY SERVICE RULES AND REGULATIONS; THE REVISED NEUROSURGERY, SURGERY AND UROLOGY PRIVILEGES LISTS; AND THE REVISED STANDARDIZED PROCEDURE FOR THE TRAUMA RECOVERY/RAPE TREATMENT CENTER/CHILD AND ADOLESCENT SEXUAL ABUSE CENTER.
- 7) **FOR DISCUSSION AND** **QUALITY COUNCIL REPORT**
POSSIBLE ACTION: (Troy Williams, Interim Chief Quality Officer)
 THE COMMITTEE WILL HEAR A SUMMARY OF THE MINUTES FROM THE February 18, 2014 QUALITY COUNCIL MEETING. APPROVAL REQUESTED.
- 8) **FOR DISCUSSION AND** **PLANS OF CORRECTIONS UPDATE**
POSSIBLE ACTION: (Troy Williams, Interim Chief Quality Officer)
 THE COMMITTEE WILL HEAR A SUMMARY OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AND THE JOINT COMMISSION INTERCYCLE MONITORING SURVEY PLANS OF CORRECTION
- 9) **PUBLIC COMMENT**
 AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMITTEE ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMITTEE FOR UP TO THREE MINUTES. THE BROWN ACT FORBIDS A COMMITTEE FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.
- 10) **CLOSED SESSION:**
- A) Public comments on All Matters Pertaining to the Closed Session
 - B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
 - C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.
 - D) Closed session pursuant to California Government Code Sections 54956.9(d)(2) and San Francisco Administrative Code Section 67.10(d)(2), regarding death of patient Lynne Spalding in stairwell at San Francisco General Hospital.

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 12, 2013

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
 (Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE
AND POSSIBLE ACTION: IMPROVEMENT

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

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**HEALTH COMMISSION
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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, March 11, 2014

3:00 p.m.

**1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.

Excused: Commissioner David B. Singer

Staff: Sue Currin, Barbara Garcia, Sue Schwartz, Troy Williams, Bill Kim, Valerie Inouye, Todd May, Ron Weigelt, Jeff Critchfield, MD, Terry Dentoni, Roland, Pickens, Kathy Jung, Sue Carlisle, Iman Nazeeri-Simmons, David Woods, Jay Kloo, Marcellina Ogbu, Anson Moon, Dan Schwager, Will Huen MD, Shannon Thyne, MD, Sherminah Jafarieh, Jeff Critchfield, MD, Greg Wagner, Kathy Murphy, Mark Morewitz

The meeting was called to order at 3:04pm.

2) APPROVAL OF THE MINUTES OF THE FEBRUARY 24, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the February 24, 2014 SFGH JCC meeting were unanimously approved.

3) QUALITY MEASURES REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if all the SFDPH health centers are using eClinicalWorks. Ms. Nazeeri-Simmons stated that approximately half of the SFDPH health centers are using eClinicalWorks; the other half will implement the system by the end of the year.

Commissioner Chow asked how SFDPH will obtain all necessary quality data. Ms. Currin stated that until all the SFDPH health centers implemented eClinicalWorks, the SFDPH will use a combination of electronic data and manual chart reviews.

Commissioner Chow asked for context of the low scores on the self-reported pain measurement. Dr. Huen stated that the Pain Control Taskforce is working to better understand this data and develop a plan to improve scores. Ms. Currin stated that previous audits have shown that SFGH nurses ask patients about pain levels at least once per shift. Ms. Nazeeri-Simmons stated that SFGH is also exploring non-medication pain management method. Mr. Woods stated that medical carts have been reorganized so that ibuprophen and Tylenol are more accessible for nurses to use.

Commissioner Chow asked for an update on this issue to the SFGH JCC in approximately six months.

4) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

Program Updates:

CDPH Medication Error Reduction Program Survey

A surveyor from the California Department Public Health (CDPH) arrived Monday, March 3, 2014, to conduct its unannounced triennial 2014 CDPH Medication Error Reduction Program (MERP) survey. This survey stems from state regulations that require all general acute care hospitals to formalize a plan to eliminate or substantially reduce medication-related errors. The surveyor will review all medication-related documentations and observe medication-related activities in specific units and in the pharmacies. This includes observing the prescribing, dispensing, and administration of medications, conducting chart reviews, conducting staff and patient interviews, and quality improvement activities with measures of success. The survey is expected to last 4 days.

HRSA Audit on 340B Program

The 340B Drug Pricing Program (340B Program) is a Federal program that allows the DPH's ambulatory care clinics, the San Francisco Community Consortium Clinics and San Francisco General Hospital (SFGH) and its clinics to purchase outpatient drugs at deeply discounted rates. In turn, DPH provides free drug access to low-income, uninsured, and under-insured patients through its Healthy San Francisco health access program.

The Health Services and Resources Administration (HRSA) is undertaking "program integrity" measures related to participation in the 340B Drug Pricing Program. The DPH's ambulatory care clinics, the San Francisco Community Consortium Clinics and the SFGH campus clinics were audited during the week of February 24 – 28, 2014.

The HRSA auditors themselves do not make any determinations. The HRSA auditors will be submitting their report to the Office of Pharmacy Affairs (OPA), which will determine whether there are any deficiencies or whether corrective actions are needed.

SFGH Re-designated as Baby Friendly Hospital

I am happy to announce that San Francisco General Hospital has been re-designated as a Baby-Friendly Hospital for the period of 2013-2018. The Baby-Friendly Hospital Initiative was launched by the World Health Organization (WHO) and UNICEF to implement practices that protect, promote and support breastfeeding. SFGH is one of 173 Baby-Friendly hospitals in the United States, and the only one in San Francisco.

Patient Flow Reports for February 2014

A series of charts depicting changes in the average daily census is attached.

Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached.

Commissioner Comments/Follow-Up:

Regarding the HRSA Audit on 340B Program, Commissioner Chow asked how the performance of the San Francisco Clinic Consortium (SFCCC) impacts the SFDPH scores. Mr. Woods stated that the SFCCC is the entity that has the formal relationship with HRSA. SFDPH participates in the program through SFCCC.

Commissioner Chow asked for more information on the excellent performance of SFGH in the CDPH Medication Error Reduction Program Survey. Mr. Woods stated that the addition of clinical pharmacists have greatly improved the effectiveness of the pharmacy staff. Ms. Currin stated that Mr. Woods has done excellent work improving the SFDH pharmacy department; she added that the Pharmacy Committee structure has also improved the integration of these services in the SFGH workflow.

5) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report

February 2014 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 14.6 %

Staffing Ratio Data for the Month of February 2014; all shifts were covered during the month.

Professional Nursing for the Month of February 2014:

Retention/Professional Development:

The Trauma Intensive Care Symposium was held on March 1 at UCSF Mission Bay. The day long conference featured, "The SFGH Experience with the Medical Emergency Response Team". MERT Coordinator Linda Kopp, RN, MSN, CNL and Monica McLeMore, RN, MPH, PhD presented patient outcome data and factors associated with medical emergency risk during hospitalization.

SFGH hosted Western Governor's University in the Wellness Center for those RN staff interested in completing their BSN education on-line.

Medical-Surgical Nursing Services has completed annual update classes for all nursing staff. Nurse's week, which runs from May 6 – 12 each year, will be celebrated on May 8 at SFGH.

Nursing Excellence:

The DAISY Award was presented to Hasija Sisic, RN in the Opiate Treatment Outpatient Program for her outstanding work with the clinic's clients and for creating high standards of care and compassion for all of her co-workers. Hasija's ability to reach out, offer empathy to the most downtrodden individuals and to provide interventions which physically, mentally and socially begin to return each individual's dignity has made a difference in the lives of many OTOP clients and co-workers. Hasija is a truly outstanding DAISY Award recipient.

Emergency Department (ED) Data for the Month of February 2014

Diversion Rate: 44%

ED diversion – 259 hours (38%) + Trauma override -41 hours (6%)

ED Encounters: 4622

ED Admissions: 777

ED Admission Rate: 19%

Psychiatric Emergency Service (PES) Data for the Month of February 2014

PES had 608 patient encounters during January 2014 and 538 in February 2014. PES admitted a total of 101 patients to SFGH inpatient psychiatric units in February, a decrease from 137 inpatient admissions in January. In February a total of 437 patients were discharged from PES: 35 to ADUs, 15 to other psychiatric hospitals, and 387 to community/home.

There was a decrease in Condition Red hours from January to February. PES was on Condition Red for 47.3 hours during 11 episodes in February. The average length of Condition Red was 4.3 hours. In January, PES was on Condition Red for 63.58 hours, during 6 episodes, averaging 10.6 hours.

The average length of stay in PES was 18.3 hours in the month of February. This was an increase from the January LOS of 16.7 hours.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This could be because the referring hospital has decided to place the patient on their own psychiatric unit, or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between January and February, the percentage of which the patient was accepted and was admitted to PES decreased from 63% to 59%. The percentage of which the referral was accepted but cancelled increased from 18% to 21%. This month, 20% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests decreased from 88 in January to 76 in February.

Ron Weigelt, SFDPH Human Resources Director, reviewed an HR update (attached).

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on what Mr. Weigelt is striving for in improving the hiring practices of the SFDPH Human Resources Department. Mr. Weigelt stated that his goal is to have approximately 90 days between posting a position and hiring someone. He added that SFDPH Human Resources is hiring more staff to assist with the exam process; Lean will also be instituted in the SFDPH Human Resources Department in an effort to streamline administrative processes.

Commissioner Sanchez stated that the proposed Human Resource changes will greatly benefit the hiring process for all of SFDPH.

Commissioner Chow asked for a SFGH-related Human Resources Update in approximately six months.

6) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on the reason new equipment mentioned in the report was purchased. Dr. Carlisle stated that some of the equipment is out of date and will be replaced in the new hospital.

Commissioner Chow asked for clarification on the decision-making process SFGH used to decide which equipment to purchase. Sue Currin stated that generally, old equipment was chosen to be replaced; she added that SFGH is attempting to keep in mind patient flow when placing new equipment.

Action Taken: The following were unanimously approved by the SFGH JCC:

- Revised Neurosurgery, Surgery and Urology Privileges Lists
- Approved Standardized Procedure: SP Rape Treatment Center/CASARC
- Radiology Rules and Regulations Revisions

7) QUALITY COUNCIL REPORT

Troy Williams, Interim Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked why SFGH does not use a visitor pass system. Mr. Williams stated that SFGH has too many doors to the outside for staff to properly monitor visitor passes. However, nursing and clerical staff are asked to monitor visitors on an ongoing basis.

Action Taken: The SFGH JCC approved the Quality Council Report.

8) PLANS OF CORRECTIONS UPDATE

Troy Williams, Interim Chief Quality Officer, gave the update on the Center for Medicare and Medicaid (CMS) and the Joint Commission Intercycle monitoring survey plans of correction.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if attending physicians understand the options when ordering a coach. Ms. Currin stated that the medical staff understand that a coach order must be renewed every 24-hours to keep in mind the patients' current status. Ms. Dentoni stated that all the charts containing physician orders for coach services are audited to make sure proper procedures are followed.

Commissioner Sanchez stated that staffing vacancy levels impact functionality. He asked how per diem staff are trained, specifically on new procedures. Ms. Dentoni stated that units with more per diems often have more issues with documentation.

Action Taken: The SFGH JCC Reviewed, Accepted and Approved the Plans of Correction.

9) PUBLIC COMMENT

There was no public comment.

10) CLOSED SESSION:

Mr. Morewitz noted that the March 11, 2014 SFGH JCC Open Session agenda incorrectly lists the discussion of the Lynn Spalding case in the list of close session items. He stated that this error also occurred on the February agenda. He apologized for the administrative error and clarified that the item was not discussed at the February 2014 SFGH JCC meeting and will not be discussed at the March SFGH JCC meeting.

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.
- D) Closed session pursuant to California Government Code Sections 54956.9(d)(2) and San Francisco Administrative Code Section 67.10(d)(2), regarding death of patient Lynne Spalding in stairwell at San Francisco General Hospital.

APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 2014

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

Action Taken: The Committee approved the February 2014 Closed Session minutes, the Performance Improvement and Patient Safety Report; and the March Credentials Report. The Committee voted not to disclose other discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 6:07pm.

Attachment A

(To get Ron's HR document)

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AGENDA

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL

Tuesday, April 22, 2014

3:00 p.m.

1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

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1) **CALL TO ORDER**

2) **PROPOSED ACTION:**

APPROVAL OF THE MINUTES OF THE MARCH 11, 2014
SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE
COMMITTEE MEETING

**Minutes of the meeting of March 11, 2014*

3) **FOR DISCUSSION AND**
POSSIBLE ACTION:

CARE TRANSITIONS TASKFORCE

(Michelle Schneidemann, MD, Larissa Thomas, MD, Karishma Oza, MPH)

THE COMMITTEE WILL HEAR OF IMPROVEMENT WORK AT SFGH BY THE CARE TRANSITIONS TASKFORCE. THE MULTIDISCIPLINARY CARE TRANSITION TASKFORCE FOCUSES ON PROMOTING TRANSITIONAL CARE BEST PRACTICES FOR ALL PATIENTS BEING DISCHARGED FROM SFGH AND ON REDUCING READMISSIONS.

4) **FOR DISCUSSION AND**
POSSIBLE ACTION:

UPDATE ON SFGH PSYCHIATRY AUDIT

(Chona Peralta, DPH Compliance Officer)

THE COMMITTEE WILL HEAR AN UPDATE ON THE DEPARTMENT OF HEALTH CARE SERVICES, COMPLIANCE OVERSIGHT UNIT TRI-ANNUAL COMPLIANCE AUDIT.

5) **FOR DISCUSSION AND**
POSSIBLE ACTION:

HOSPITAL ADMINISTRATOR'S REPORT

(Susan A. Currin, Chief Executive Officer)

THE COMMITTEE WILL HEAR A SUMMARY OF ACTIVITIES AND OPERATIONS OF SFGH.

- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, Interim Chief Nursing Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF NURSING-RELATED INFORMATION AND DATA WHICH INCLUDES: EMERGENCY ROOM ADMISSION DATA; DIVERSION DATA; AND PSYCHIATRIC EMERGENCY SERVICES DATA.

- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
THE COMMITTEE WILL HEAR A SUMMARY OF REPORTS THAT WERE PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON MARCH 10, 2014 AND MARCH 20, 2014. APPROVAL REQUESTED OF SERVICE CHIEF FOR COMMUNITY PRIMARY CARE SERVICE; THE REVISED OTOLARYNGOLOGY AND ELECTRO CONVULSIVE THERAPY (ECT) PRIVILEGES LISTS; AND THE FAMILY AND COMMUNITY MEDICINE SERVICE RULES AND REGULATIONS.

- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY COUNCIL REPORT**
(Troy Williams, Interim Chief Quality Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF THE MINUTES FROM THE MARCH 18, 2014 QUALITY COUNCIL MEETING, INCLUDING A PROGRESS REPORT OF THE PATIENT SAFETY PLAN. APPROVAL REQUESTED.

- 9) **PUBLIC COMMENT**
AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMITTEE ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMITTEE FOR UP TO THREE MINUTES. THE BROWN ACT FORBIDS A COMMITTEE FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.

- 10) **CLOSED SESSION:**
- A) Public comments on All Matters Pertaining to the Closed Session
 - B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
 - C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF MARCH 11, 2014**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE**
AND POSSIBLE ACTION: **IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Troy Williams, Interim Chief Quality Officer)

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, April 22, 2014 3:00 p.m.

**1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

**GOVERNMENT
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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer

Staff: Sue Currin, Barbara Garcia, Sue Schwartz, Troy Williams, Jeff Critchfield, MD, Terry Dentoni, Roland, Pickens, Kathy Jung, Sue Carlisle, Iman Nazeeri-Simmons, David Woods, Jay Kloo, Chona Peralta, Jo Robinson, Yvonne Lowe, Tom Holton, Elaine Dekker, Maxwell Bunman, Dan Schwager, Jim Marks, MD, Aiyana Johnson, Anna Sampera, Mark Leary, Ron Weigelt, Larissa Thomas, Michelle Schniderman, Anson Moon, Dan Schwager, Will Huen MD, Shannon Thyne, MD, Shermineh Jafarieh, Jeff Critchfield, MD, Greg Wagner, Kathy Murphy, Mark Morewitz

The meeting was called to order at 3:03pm.

2) APPROVAL OF THE MINUTES OF THE MARCH 11, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Commissioner Comments/Follow-Up:

Commissioner Singer requested an update on the SFGH Security issues at the next SFGH JCC meeting.

Action Taken: The minutes of the March 11, 2014 SFGH JCC meeting were unanimously approved.

3) CARE TRANSITIONS TASKFORCE

Michelle Schneidermann, MD, and Larissa Thomas, MD, Karishma Oza, MPH, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for more information on the capacity of the Taskforce. Dr. Schneidermann stated that 100-120 patients per month have been impacted by the work of the Taskforce.

Commissioner Chow asked how the work of the Taskforce will be integrated in the SFDPH. Roland Pickens, Director of the San Francisco Health Network, stated that Kelly Hiramoto, who heads the SFDPH Transitions Section, sits on the Taskforce and will be standardizing processes throughout the SFDPH.

Commissioner Singer asked how the goals of the Taskforce were chosen and asked, since the Taskforce has been so successful, if the benchmarks could be raised. Ms. Oza stated that realistic goals were set at the beginning of the process since it was an untested model. She added that the model does not mitigate the many psychosocial issues (e.g. housing) that may impact the patients' outcomes.

4) UPDATE ON SFGH PSYCHIATRY AUDIT

Chona Peralta, DPH Compliance Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked how SFGH can be confident it is providing high quality care without sufficient documentation of services provided. Ms. Peralta stated that interviews with clinical staff by the auditors indicated provision of high level care.

Commissioner Singer asked what in the corrective action plan will make necessary changes. Ms. Currin stated that the plan will help improve documentation practices. She added that there has been a shift in that many psychiatric patients are non-acute; the plan will help patients be prepared for their next level of care.

Commissioner Singer asked who is responsible for making necessary improvements in the SFGH Psychiatry service provision. Jo Robinson, Director of Community Behavioral Health Services stated that she signs the corrective action plan. Marcellina Ogbu, Deputy Director of the San Francisco Health Network stated that she oversees a group to monitor the corrective action plan. Ms. Currin stated that other counties earned similar results on their audits; she added that the consultants hired have extensive experience with other inpatient psychiatric practices and can help SFGH learn best practices in this service area.

Commissioner Chow asked if the audit from three years ago cited documentation as an issue. Ms. Currin stated that documentation has been an issue in the last three audits; corrective action plans were not detailed enough in their scope to rectify the issues.

Commissioner Singer asked if the same staff are working in the SFGH inpatient psychiatric unit as three years ago when a corrective action plan was put into place. Iman Nazeeri-Simmons, Acting Chief Operating Officer, stated that organizational changes have created an integrative quality assurance unit to conduct activities in the SFGH psychiatric unit.

Commissioner Chow asked for an update on the consultant's work at a future SFGH JCC meeting.

Commissioner Singer asked how the Health Commission can support this process and continued improvements in quality of care. Mr. Pickens stated that the Health Commission requesting continued updates is helpful in keeping staff of all levels accountable.

5) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

SFGH Urgent Care Clinic Redesign

The SFGH Urgent Care Center underwent redesign of its systems of care. On April 15, 2014, the clinic implemented CareLinkSF, the electronic medical record (EMR) system for ambulatory clinics in the SF Health Network. As part of the preparation for this, the clinic started seeing patients by appointment on March 24, 2014. These new systems resulted in:

- Better management of the clinic's capacity and resources to match the demand for urgent, same-day care, particularly during the EMR implementation period
- A better experience for patients: shorter wait times, more streamlined visits for patients with appointments, a better system for drop-in patients to expect when they can be seen, and a better system for unlinked patients seen in the Emergency Department to access appointments for follow-up care in Urgent Care, where they can also get assistance getting linked to a primary care medical home
- A better experience for staff: More streamlined workflows, more predictable demand for services, and better integration with the rest of the SF Health Network through the new EMR system.

Although these changes are recent, we have seen a decrease in the number of patients left without being seen and a significant decrease in the total time between when the patient arrived and when the patient left the clinic.

Aiyana Johnson, Interim Associate Hospital Administrator

It is my pleasure to announce that Aiyana Johnson is now providing executive oversight to several key services and programs at SFGH, serving as interim Associate Hospital Administrator. In this role, Aiyana will serve as SFGH's Chief Patient Experience Officer, and oversee Patient Advocate, Volunteer Services, Sojourn Chaplaincy, Department of Education & Training (DET) and Renal/Outpatient Dialysis. Aiyana will also serve as SFGH's liaison for Interpreter Services to the SF Health Network. Aiyana is currently the Manager of DET, and has done an excellent job leading and expanding our education and training opportunities on this campus, and building the Learning Center into a dynamic resource for our staff and providers.

Union Access to the Workplace

During the 2012 negotiations, the City and SEIU, Local 1021 negotiated new language in the MOU regarding union access in the workplace. In preparation for the 2014 negotiations and to ensure that everyone understands the parameters regarding union access, the Department of Human Resources recently issued a memorandum (attached) that provides guidance on the rules for union access. While the rules provide the Union with a reasonable right of access to non-work areas to verify that the terms and conditions of the MOU are being followed and for the purpose of conferring with

employees, the Union may not disrupt or interfere with the Department's mission and services. Union access will not involve any political activities.

Sugar-Sweetened Beverages Presentation

Dr. Kirsten Bibbins-Domingo, Professor of Medicine and of Epidemiology and Biostatistics discussed the impact of sugar-sweetened beverages at last month's Management Forum.

Points from her presentation (attached):

- Nearly one in four youth ages 12-19 have pre-diabetes. Ten years ago, it was one in eleven.
- 50% of African American youth and 33% of Latino youth will contract Type 2 Diabetes in their lifetime
- Sugary drinks is the largest source of added sugar in the diet, approx. 40%
- Sugary drinks contribute to diabetes risk, as well as obesity.
- Price of sugar-sweetened beverages is low relative to other healthier food.
- Approaches to reducing consumption include Educational Campaigns, Restriction, and Taxation.

Status of the CMS Two-Midnight Rule

The Centers for Medicare and Medicaid Services (CMS) developed the Two Midnight Rule as a requirement for payment for inpatient admissions. The rule was issued to address CMS finding that patients who stay in hospitals less than two midnights were usually receiving services that could have been provided in an outpatient setting. Implementation of this Rule was initially planned for October 1, 2013. Its implementation was delayed until April 1, 2014 and then again until October 1, 2014. As part of the temporary Sustainable Growth Rate Legislation passed earlier this month, its implementation is now delayed until October 1, 2015.

There are two elements to the Two Midnight Rule. The first element is that the order to Admit to Inpatient is critical for hospital inpatient coverage and must be entered by an attending provider. The second element is that a certification of length of stay must be documented to support the decision that inpatient services are reasonable and necessary. Dr. Gabe Ortiz, from the hospitalist group, Kathy Grabill from Utilization Management, Yvonne Lowe from Compliance and Terry Dentoni from Nursing will continue to take the lead in implementing a workable process for SFGH.

Actions Taken to Facilitate Repatriations and Decrease Out of Network Cost

SFGH/DPH has been able to reduce its Out of Network cost by initiating activities listed below. The results are an increase of Out of Network admissions from 20 in January 2013 to 92 in January 2014. In February 2014, there were 27 Emergency Department (ED) to Inpatient repatriations and 87 inpatient to inpatient repatriations.

- SFGH expanded its Repatriation Coverage to 24 hours, 7 days a week. SFGH is now able to facilitate evening, night and weekend repatriations.
- Administrator On Duty (AOD) Tracking System was implemented in July 2013. The Utilization Management staff enter repatriation request into the Tracking System, which triggers automated text message to AOD. This facilitates communication, provides electronic documentation of timestamps for each step and documents barrier reasons.
- SFGH AOD may not respond with "no beds" to repatriation requests unless approved by the Director of Operations, the Chief Nursing Officer, or the Director of Utilization Management.

- The (Outside) ED to Inpatient repatriation process was implemented. This process was spearheaded by Hospitalist, Gabriel Ortiz MD. The process:
 - ✓ Outside ED's medical records are faxed to SFGH to help decide whether the patient meets acute care criteria and is clinically stable for transfer.
 - ✓ SFGH decision must be communicated back to the outside ED and SFHP within 3 hours.
 - ✓ A Hospitalist is present with the AOD when the patient arrives at SFGH, to evaluate patient in a timely manner and to ensure appropriate level of care
- Inpatient-Inpatient repatriation process documented with expectations.
 - ✓ Timing of referrals is clarified. Physician of outside hospital must communicate with SFGH physician by 5:00 p.m.
 - ✓ Patient consent must be obtained before referral to SFGH
- Enhanced monthly reporting by SFHP. Reports include:
 - ✓ Total Out Of Network admissions
 - ✓ Number of patients referred versus not referred
 - ✓ Number of referred patients repatriated versus not repatriated by reason
 - ✓ Approved and denied days by reason
- Additional patient education provided by SFGH Utilization Management staff to repatriated patients
 - ✓ Identify reason why patient utilized an Out-of-Network facility
 - ✓ Address reasons identified by patient for Out-of-Network admission
 - ✓ Inquire about patient's knowledge about Primary Care Providers
 - ✓ Provide letter to patient regarding use of DPH for all healthcare needs

Patient Flow Reports for March 2014

A series of charts depicting changes in the average daily census is attached.

Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached.

Commissioner Comments/Follow-Up:

Regarding the redesign of the SFGH Urgent Care Clinic, Commissioner Chow asked if a new model is being used. Ms. Currin stated that the clinic moved from being 100% drop-in to 20% drop-in. The appointment scheduling has helped with patient flow issues.

Commissioner Singer asked how patients get appointments at the Urgent Care Clinic. Ms. Nazeeri-Simmons stated that patients call the nurse line and the nurse can make an appointment for anyone who has a medical home within the San Francisco Health Network. She noted that patient times have been reduced from 4-6 hours to 58 minutes.

6) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

March 2014 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 13.8%

Staffing Ratio Data for the Month of March 2014; all shifts were met.

Retention/Professional Development:

- 310 staff completed a survey which solicited their opinions on the effectiveness of the Charge RN, Nurse Manager and AOD roles. 70% of respondents rated all roles as somewhat or very effective. Suggestions for improving role effectiveness focused on increasing opportunities for feedback on role performance, improving communication and clarifying role functions and responsibilities. Results of the survey will be discussed with faculty experts at the USF and UCSF Schools of Nursing and an action plan to address suggested improvements will be developed.
- Medical-surgical and critical care nursing leaders spent the week of March 17 in a LEAN 3P workshop with multidisciplinary colleagues to initiate the LEAN planning for patient care in the new hospital building. Utilizing many modes of creative planning and discovery, the team began to build a vision of care in the new hospital. Nursing participants spent part of the workshop time developing the guiding principles for a new model of nursing care delivery. This model will be further refined and developed in a follow-on workshop taking place the week of April 21.
- San Francisco General Hospital is participating in the first perioperative training program offered to new graduate nurses through the University of San Francisco. This program was developed collaboratively with nurse leaders from USF, St. Francis Memorial Hospital, Chinese Hospital and SFGH in response to an identified need for high quality, trained perioperative nurses. New graduate nurses applied to this new program and were subsequently screened and interviewed. Eight students were chosen for the first cohort (two to St. Francis, two to Chinese Hospital and four to SFGH). Carrie Ewing, a former SFGH OR nurse educator, will act as USF facilitator for the program. Beginning in April 2014, students will undergo an intensive five week didactic review using the AORN (Association of periOperative Registered Nurses) Periop 101 Core Curriculum. During this five week period, students will spend two days a week completing AORN online modules, two days a week in an OR focused skills lab at one of the participating hospitals, and one day a week observing surgery at the hospital they have been matched with. They will then sit for the AORN periop 101 exam. Students must pass this exam to continue on to the clinical portion of the program. After completing this milestone, students will begin a 40 hour per week clinical rotation over five months, learning the hands on skills needed to become a perioperative nurse. Each student will be paired with a perioperative nurse with specialized preceptor training in the SFGH operative room. At the completion of the program in October 2014, these new perioperative nurses will have the basic skills and knowledge to scrub and circulate a variety of surgeries independently, and will be eligible to apply for any open nursing positions in the operating room. This is an innovative approach to training new graduate nurses in specialty areas that are not the focus of traditional nursing programs.

Nursing Excellence:

- Hasija Sisis RN from the Opiate Treatment Outpatient Program who received the DAISY Award in February is currently featured on the DAISY Foundation website.

Emergency Department (ED) Data for the Month of March 2014

March | 2014

Diversion Rate: 36%

ED diversion – 242 hours (32%) + Trauma override -29 hours (4%)

ED Encounters: 4013

ED Admissions: 813

ED Admission Rate: 20%

Psychiatric Emergency Service (PES) Data for the Month of March 2014

PES had 538 patient encounters during February 2014 and 662 in March 2014. PES admitted a total of 122 patients to SFGH inpatient psychiatric units in March, an increase from 101 inpatient admissions in February. In March a total of 540 patients were discharged from PES: 35 to ADUs, 11 to other psychiatric hospitals, and 494 to community/home.

There was an increase in Condition Red hours from February to March. PES was on Condition Red for 150.68 hours during 21 episodes in February. The average length of Condition Red was 7.51 hours. In February, PES was on Condition Red for 47.3 hours, during 11 episodes, averaging 4.3 hours. The increase in Condition Red is attributable in part to a **record high** number of PES intakes this month.

The average length of stay in PES was 17.52 hours in the month of March. This was a decrease from the February LOS of 18.3 hours.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This could be because the referring hospital has decided to place the patient on their own psychiatric unit, or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between February and March, the percentage of which the patient was accepted and was admitted to PES decreased slightly from 59% to 58%. The percentage of which the referral was accepted but cancelled decreased from 21% to 17%. This month, 26% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with

private or out of county insurance. The number of requests increased from 76 in February to 90 in March.

Commissioner Comments/Follow-Up:

Commissioner Singer asked the intention of the nursing ratio report. Ms. Currin stated that the report is meant to show coverage during breaks. It was agreed by the SFGH JCC members that the report is not needed for future SFGH JCC meetings.

Commissioner Chow asked for more information on the flow of patients from the Emergency Department zone 1 and 4.

7) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Medical Director of Risk Management, gave the report.

MEDIA/PRESS RELEASES:

- Kirsten Bibbins-Domingo, MD, Medicine Service – On March 19, 2014, the US Preventive Services Task Force (USPSTF) announced the appointment of Dr. Kirsten Bibbins-Domingo as co-vice chair. The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines.
- Alicia Fernandez, MD Medicine Service- Dr. Alicia Fernandez was appointed as the newest member of the Board of Governors for the Patient-Centered Outcomes Research Institute (PCORI) on February 4, 2014. Dr. Fernandez replaced former chair, Eugene Washington, MD, Vice Chancellor of UCLA Health Sciences and Dean of the David Geffen School of Medicine at UCL.

ADMINISTRATION

Updated Hazard Vulnerability & Impact Analysis 2014 – Lann Wilder, EMT-P, Director of Emergency Management

MEC approved the updates completed by the Disaster Committee and presented by Ms. Wilder on the hospital's hazard vulnerability assessment. The analysis identified SFGH's top hazards and vulnerabilities, and follow-up actions for preparedness and mitigation. This is in compliance with The Joint Commission (TJC) standards that require that "the hospital conducts annually a hazard vulnerability analysis to identify events that could affect demand for its services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events".

New DPH Structure – Roland Pickens, Director, SF Health Network (SFHN) and Albert Yu, MD, Director, Ambulatory Care for the SF Health Network

Mr. Pickens presented an update report on the San Francisco Health Network. The presentation included the following:

- Origins of SFHN
- What is SFHN
- How does SFHN fit into the DPH Structure
- How does SFHN related to SFGH

- Why are we changing
- What does SFHN mean for patients
- What has been the focus of SFHN so far
- SFHN next frontier
- SFHN way Forward

The SFHN Ambulatory Care team, led by Dr. Albert Yu, will work on the coordination, delivery, and operational performance of all ambulatory components of SFHN, and will collaborate with Executive Leadership of the SFHN and its affiliated and contracted providers of ambulatory care to ensure the delivery of high quality and efficient integrated care. Dr. Albert Yu, who was appointed as Director of SFHN Ambulatory Care in December 2013, stated that his focus since then has been primarily on building the leadership infrastructure. This includes the recent appointment of Dr. Hali Hammer as the new Director of Integrated Primary Care for SFHN. Dr Hammer will be responsible for the strategic planning, integration, delivery, and operational performance of all primary care programs. Dr. Yu and his team will be contacting SFGH Service Chiefs of all Clinical Services with primary care clinics to ensure that clinic issues are considered and addressed as the Ambulatory Care team formulates plans and strategy. Meetings with Service Chiefs are forthcoming to discuss the development of a functional structure that ensures efficient, effective, and accountable delivery of ambulatory services.

CLINICAL SERVICE REPORTS:

Family and Community Medicine Service Report – Teresa Villela, MD Service Chief

The report provided updates on the following:

- Hospital Based Clinical Services – Skilled Nursing Facility, Prenatal Partnership Program, and Family Medicine Inpatient Service
- Ambulatory Clinical Services – Family Health Center (including the Refugee Clinic for new arrivals in the Northern CA Region), Urgent Care Center
- Educational Programs – Faculty Development, Family Nurse Practitioner Inpatient Program, Medical Student Programs, FCM Residency Program
- Research and Scholarships – Transformation of the delivery of primary care, Disparities in reproductive health and family planning (Center for Excellence in Primary Care), Community-based participatory research focusing on the social determinants of health (Community Engagement and Health Policy Program).
- Financial Reports – SFGH Affiliation, Pro Fees, Contracts & Grants, 19900 funds.

The report included volume statistics and performance improvement activities both in the inpatient and ambulatory FCM services. Challenges/Opportunities include limitations of physical environment, eCW implementation, and the transition in leadership. Dr. Hali Hammer was appointed as the new Director for Integrated Primary Care for the SF Health Network. Dr. Ron Labuguen will serve as the Interim Medical Director for the Family Health Center while a replacement search is ongoing.

Members expressed appreciation of the FCM Clinical Service Leadership and the professional, respectful, and responsive services provided by its residents to other Clinical Services, and commended Dr. Villela's excellent report.

Action Taken: The following were unanimously approved by the SFGH JCC:

- Approval of Service Chief for Community Primary Care Service:
- Revised Otolaryngology Lists
- ECT (Electro Convulsive Therapy) Privileging Language
- Family and Community Medicine Rules and Regulations

8) QUALITY COUNCIL REPORT

Troy Williams, Interim Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for a brief update on how well the Sheriff's Deputies have been doing. Mr. Williams stated that the Sheriff brought in new leadership who have worked well with SFDPH and UCSF SFDPH staff. Mr. Pickens stated that there is a monthly meeting between Director Garcia, Mr. Pickens and the Sheriff. He added that a new MOU between SFDPH and the Sheriff's Department is being negotiated.

Commissioner Chow requested an update on the SFGH security issue at a SFGH JCC meeting and a future full Health Commission meeting.

9) PUBLIC COMMENT

Pete Trachy, who has worked as a nurse at SFGH for 5 years, stated that he wanted to explain how Emergency Department (ED) staffing patterns impact frequency of diversion rates at SFGH. He stated that if there are twelve patients in zone 1 of the ED, SFGH goes on divert; if there are below twelve patients, SFGH may accept ambulance traffic. He noted that during the previous four days, zones 3 and 4 had 2 beds closed. He also stated that low ED staffing results in higher rates of diversion.

Robert Ivory, a CCSF employee for 30 years, requested that the issue of nursing staffing in the SFGH ED be an item on the Health Commission or SFGH JCC agenda; he added that the SFGH nurses are willing to bring data and relevant information. He also stated that patient safety forms show that SFGH violates state ratios on a daily basis. Additionally, he stated that SFGH holds 5-15 admitted patients in the ED due to staffing issues. He also stated that simply having an order for a coach does mean a coach is placed; coaches are rarely placed in the ED which results in nurses providing this service which means other patients are without attention.

Julie Baxter, who has worked at the SFGH for a year, stated that zone 1 is chaotic; coaches are rare and are never 1-to-1. She added that usually a coach is assigned to several patients in the ED hallway. SFGH is often on divert; ambulances continue to bring in trauma patients although sometimes there is nowhere in the ED to place them. She also stated that there is no restroom in zone 1 which means that patients from zone 1 use the restrooms in zone 3; this situation puts stress on the nurses in this area to keep a close watch on all patients visiting their zone.

Commissioner Chow stated that when public comment was made at the April 15, 2014 full Health Commission meeting on this topic, he referred the issue to the SFGH JCC. He recommended that this topic be added as an item on a future SFGH JCC agenda.

10) **CLOSED SESSION:**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

APPROVAL OF CLOSED SESSION MINUTES OF MARCH 11, 2014

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved the March, 2014 Closed Session minutes; the Performance Improvement and Patient Safety Report; and the April Credentials Report. The Committee voted not to disclose other discussions held in closed session.

11) **ADJOURNMENT**

The meeting was adjourned at 5:54pm.

Edward A. Chow, M.D.
President

Sonia E. Melara, M.S.W.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

David B. Singer
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

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Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, May 13, 2014

3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

GOVERNMENT
DOCUMENTS DEPT

MAY - 9 2014

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1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE APRIL 22, 2014
SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE
COMMITTEE MEETING
**Minutes of the meeting of April 22, 2014*

3) FOR DISCUSSION AND HOSPITAL SECURITY UPDATE
POSSIBLE ACTION: (Kathy Jung, Hospital Associate Administrator)
THE COMMITTEE WILL HEAR AN UPDATE OF SECURITY IMPROVEMENT ACTIVITIES AT SFGH.

4) FOR DISCUSSION AND HOSPITAL ADMINISTRATOR'S REPORT
POSSIBLE ACTION: (Susan A. Currin, Chief Executive Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF ACTIVITIES AND OPERATIONS OF SFGH.

5) FOR DISCUSSION AND PATIENT CARE SERVICES REPORT
POSSIBLE ACTION: (Terry Dentoni, Interim Chief Nursing Officer)
*THE COMMITTEE WILL HEAR A SUMMARY OF NURSING-RELATED INFORMATION AND DATA INCLUDING: EMERGENCY ROOM
ADMISSION DATA; DIVERSION DATA; AND PSYCHIATRIC EMERGENCY SERVICES DATA.*

- 6) **FOR DISCUSSION AND** **MEDICAL STAFF REPORT**
POSSIBLE ACTION: (Shannon Thyne, M.D., Chief of Staff)
THE COMMITTEE WILL HEAR A SUMMARY OF REPORTS THAT WERE PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON APRIL 14, 2014 AND APRIL 17, 2014. APPROVAL REQUESTED OF THE REVISED PEDIATRIC PRIVILEGES LIST; THE REVISED PULMONARY PRIVILEGES LIST; AND THE OTOLARYNGOLOGY SERVICE RULES AND REGULATIONS.
- 7) **FOR DISCUSSION AND** **QUALITY COUNCIL REPORT**
POSSIBLE ACTION: (Troy Williams, Interim Chief Quality Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF THE MINUTES FROM THE APRIL 15, 2014 QUALITY COUNCIL MEETING.
- 8) **FOR DISCUSSION AND** **REGULATORY UPDATE REPORT**
POSSIBLE ACTION: (Troy Williams, Interim Chief Quality Officer)
THE COMMITTEE WILL HEAR AN UPDATE ON THE HOSPITAL'S REGULATORY ACTIVITIES.
- 9) **PUBLIC COMMENT**
 AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMITTEE ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMITTEE FOR UP TO THREE MINUTES. THE BROWN ACT FORBIDS A COMMITTEE FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.
- 10) **CLOSED SESSION:**
- A) Public comments on All Matters Pertaining to the Closed Session
 - B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
 - C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.
- FOR ACTION:** **APPROVAL OF CLOSED SESSION MINUTES OF APRIL 22, 2014**
- FOR ACTION:** **CONSIDERATION OF CREDENTIALING MATTERS**
 (Shannon Thyne, M.D., Chief of Staff)
- FOR DISCUSSION:** **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE**
AND POSSIBLE ACTION: **IMPROVEMENT**
 (Todd May, M.D., Chief Medical Officer, Troy Williams, Interim Chief Quality Officer)
- RECONVENE IN OPEN SESSION**
- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

11) ADJOURNMENT

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- *** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 7M30 is wheelchair accessible. It is located on the seventh floor of the Main Building, inside the 7M Suite. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the seventh floor and look for Room 7M30. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

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HEALTH COMMISSION
CITY AND COUNTY OF SAN
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MINUTES

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL

Tuesday, May 13, 2014 3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

GOVERNMENT
DOCUMENTS DEPT

JUN - 9 2014

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1) CALL TO ORDER

Present: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer

Excused: Commissioner Edward A. Chow, M.D., Chair

Staff: Sue Currin, Barbara Garcia, Sue Carlisle MD, Todd May, MD, Aiyana Johnson, Iman Nazeeri-Simmons, Terry Dentoni, Jeff Critchfield, MD, Shannon Thyne, MD, Valerie Inouye, Greg Wagner, Ron Weigelt, Jim Marks, MD, Shannon Thynne, MD, Captain Ken Ferrigno, Robyn Schanzenbach (UCSF), Jay Kloo, Dan Schwager, Anson Moon, Kathy Jung, Mark Morewitz

The meeting was called to order at 3:02pm. Commissioner Sanchez chaired the meeting.

2) APPROVAL OF THE MINUTES OF THE APRIL 22, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Commissioner Comments/Follow-Up:

Commissioner Singer asked for an update on the implementation of the psychiatric audit correction plan at a future SFGH JCC meeting.

Action Taken: The minutes of the April 22, 2014 SFGH JCC meeting were unanimously approved.

3) HOSPITAL SECURITY UPDATE

Kathy Jung, Hospital Associate Administrator, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Sanchez requested for more information regarding how Sheriff's staff are trained to work at SFGH. Captain Ferrigno stated that after cadets complete the Sheriff's academy, they receive 6 weeks of SFDPH-specific training.

Commissioner Singer asked for information regarding the issues in the development of the new MOU with the Sheriff's Department. Director Garcia stated that the budget-related issue of how to cover Sheriff-employee absences and subsequent overtime costs has impacted the development of the MOU.

Commissioner Sanchez acknowledged the collaboration between the SFDPH leadership and the Sheriff. Director Garcia thanked Cathy Jung, Sue Currin, Captain Ferrigno, and Sheriff Mirkarimi for the productive collaboration.

Commissioner Singer requested that the action plan for the security update be included in every SFGH JCC packet. He stated that he remains concerned that one staff person is not in charge of SFGH security efforts, as noted as a major problem in the UCSF report on SFGH security issues. Ms. Currin stated that the current budget contains a position to head security efforts; until that position is filled, SFGH is working with the consultant who wrote the report for UCSF to temporarily carry out the duties of this position on a part-time basis.

Commissioner Singer asked when the temporary consultant will be officially hired. Ms. Currin stated that the consultant has been attending weekly meetings and that SFGH is working on a way to hire him.

Commissioner Singer stated that he remains concerned that the permanent position should not be delayed by hiring a temporary consultant and reiterated that the UCSF report clearly stated that one person should have oversight of SFGH security efforts.

4) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

1. Visit to ThedaCare

In April, a group from our leadership team including David Woods, Patty Coggan, Alice Chen, Troy Williams and myself visited ThedaCare in Appleton, Wisconsin. ThedaCare is a community health system consisting of five hospitals, numerous clinics and other healthcare services.

ThedaCare implemented Lean twelve years ago and is now a fully mature Lean organization. Highlights for our group included their use of real time data to drive improvements, their implementation and use of leader standard work, leadership and front-line staff involvement and engagement, use of "true north" metrics focusing on the patient and the different work flow processes they developed to improve patient safety and patient experience. We look forward to bringing what we learned that week to our Lean improvement work.

2. Twyla Lay Honored By American Association of Neurological Surgeons

I am happy to announce that Twyla Lay has been presented with an award for her Outstanding Contributions to Education for Advance Practice Providers at the Plenary Session of the American Association of Neurological Surgeons here in San Francisco. This is the first time such an award has been presented to someone other than a neurosurgeon. We are all very proud of Twyla and the recognition that she brings to the Brain and Spinal Injury Center.

3. New York Times Article OB Services

San Francisco General Hospital and Trauma Center's stellar work in labor and delivery services was featured in the New York Times *Fixes* column on May 7. The story that dubbed SFGH "the safest place in California to have a baby" featured the many ways that SFGH exceeds national standards in obstetrics services. These include the low rate of C-sections and the high rate of vaginal births in subsequent pregnancies after C-sections. The General's teaching model and patient-centered use of midwives were highlighted as keys to our success.

4. SF Health Plan Excellence Awards

SFHP recognized two teams for non-physician leadership. In addition, the Healthy San Francisco Program recognized FHC as a whole for its Excellence in Service award, for going above and beyond for participant satisfaction and issue resolution.

GENERAL MEDICINE CLINIC - Coleman Operations Team for Teamwork Melissa Li, Yeimy Reyes, Susy Castro, and Bren Turner are our frontline staff that worked tirelessly with our clinic management team to spearhead and implement dramatic improvements in workflow, teamwork, and efficiency at the General Medicine Clinic. Because of their efforts, we have strengthened our teamwork model, improve telephone and urgent care access, increased confirmation calls, and improved patient flow and access. Each staff member demonstrates dedication, commitment, grace, and team spirit. They are the unsung heroes of our Clinic. Nominated by Reena Bupta, MD

FAMILY HEALTH CENTER - Behavioral Health Team for Support Laura Pullen, Tiffany Cheuk, Marta Perez, Sandra Larios, Anna Spielvogel, Walter Recinos, Veasna Chhith, and Surayna Spicer

Our Behavioral Health Team comprised of social and health workers, psychologists, and a psychiatrist working together, have made access to primary and mental care easier while improving the health of our patients.

One of the team's most powerful positive impacts is on provider morale and staff experience. Every provider knows that they have a partner on the team that will become actively engaged in their patient's care in the daunting and overwhelming arena of behavioral health care and social services

Our team exemplifies both "saying yes to the patient" and providing the highest level of team-based care. Nominated by Lydia Leung, MD

5. Patient Flow Reports for April 2014

A series of charts depicting changes in the average daily census is attached to the original minutes of the May 13, 2014 SFGH JCC open session.

6. Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached to the original minutes of the May 13, 2014 SFGH JCC open session.

5) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

2320 RN Vacancy Rates for the Month of March 2013

The overall 2320 RN vacancy rate for areas reported is 4.3%.

Staffing Ratio Data for the Month of March 2013; all shifts were covered.

Professional Nursing for the Month of March 2013

Retention/Professional Development:

San Francisco State University is recruiting SFGH RN staff interested in completing a BSN degree to begin classes in the Fall of 2013. Classes will be held on the SFGH campus. The first SFGH cohort of 13 is scheduled to graduate in May 2013.

Two Dorothy Washington Scholarships will be awarded at the May Nurses Week celebration to SFGH staff who are enrolled in BSN or MSN programs.

Emergency Department (ED) Data for the Month of February 2013

The Emergency Department (ED) had a Diversion rate of 38% (255 hours for the month of January 2013. The Trauma Override rate was 9% (60 hours). ED Encounters totaled 4610 patients, 748 of those were hospital admissions. A report was not submitted for March.

Psychiatric Emergency Service (PES) Data for the Month of March 2013

PES had 569 patient encounters during February 2013 and 623 in March. PES admitted a total of 142 patients to SFGH inpatient psychiatric units in March 2013, a decrease from 147 patient admissions in February. In March a total of 481 patients were discharged from PES: 33 to ADUs, 24 to other psychiatric hospitals, and 424 to community/home.

There was an increase in Condition Red hours from February to March. PES was on Condition Red for 84.6 hours during 15 episodes in March. The average length of Condition Red was 6.33 hours. In February, PES was on condition Red for 70.8 hours, during 12 episodes, averaging 5.89 hours.

The average length of stay in PES was 16.98 hours in the month of March, a decrease from 17.26 hours in February

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral. *Accepted and Arrived Referrals* refer to patients that have been approved by PES for admission and are admitted to the unit. *Accepted and Cancelled Referrals* refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. *Inappropriate Referrals* refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement. Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically

cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between May 2012 and March 2013, the percentage of which the patient was accepted and was admitted to PES increased from 29% to 59%, the percentage of which the referral was accepted but cancelled decreased from 41% to 27%. This month, 14% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of transfer requests increased slightly, from 76 in February to 78 in March.

Public Comment:

Jason Negron, SFGH nurse, requested that the issue of nurse staffing ratios and vacancies be put on the SFGH JCC agenda as a separate item. He stated nurses request that all beds remain open during high utilization periods of the SFGH Emergency Department; he added that their other priority is ensuring staff safety.

Bob Ivory, SFGH nurse, stated that the MOU between the nurses union and the City of San Francisco requires eight nurses in Zone 1. He commended Ms. Dentoni for presenting complex issues related to nursing staffing patterns and hiring issues. He stated that there are several proposals that would help fix these issues and hopes that an agreement can be met to avoid a possible strike.

Norlissa Cooper, SFGH nurse, stated that many nurses go without lunches or breaks due to the stress and demand of the job. She added that the MOU between the nurses union and the City of San Francisco calls for richer staffing ratios than those required by the state.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for clarity regarding the information SFGH JCC members should understand about the staffing ratios contained in the state regulations and in the MOU between the nurses union and the City of San Francisco. Director Garcia stated that when the negotiations with the nurses are finalized, information about the new MOU will be presented to the SFGH JCC and the Health Commission.

Ron Weigelt, SFDPH Human Resources Director, gave an update on efforts to reduce SFDPH hiring process. He stated that priority is being given to SFGH nursing positions.

Commissioner Sanchez thanked the people who made public comment and stated that the Health Commission will continue to monitor these issues.

6) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Staff, gave the report.

MEDIA/PRESS RELEASES:

- Rochelle Dicker, MD – The San Francisco Chronicle, CBS 5 have been announcing the Jefferson Awards Unsung Hero once per week. This award recognizes individuals who have benefited the community. For wrapping the arms of the social service community around trouble young people, the April 14, 2014 Jefferson Weekly Award was given to Dr.

Rochelle Dicker, Director, Wraparound Project. Dr. Dicker founded the SF Wraparound at SFGH to rehabilitate young offenders who end up violence victims over and over again. The Wraparound Project serves as a vital point of entry, provides mentorship and links clients to essential risk-reduction resources in order to reduce injury recidivism and criminal recidivism in the most vulnerable citizens in the City of San Francisco.

- Alan Gelb, MD – The 2014 Academic Senate Distinguished Faculty Awards Distinction in Teaching for a faculty at UCSF five years or more was given to Dr. Alan Gelb, MD, SFGH Emergency Medicine. The award was presented at the 2014 UCSF Founder's Day Banquet held on April 10, 2014.
- Twyila Lay, NP – The American Association of Neurological Surgeons presented Twyila Lay with an award for her Outstanding Contributions to Education for Advance Practice Providers. This is the first time such an award has been presented to someone other than a neurosurgeon.

ADMINISTRATION

Updates on Admission Order Countersignature and Certification Compliance – MEC discussed the Federal Mandate on the "Two-Midnight Rule". Dr. Thyne emphasized the critical need for all Clinical Services to ensure timely and appropriate completion of admission orders by providers. Members were reminded that the Two-Midnight Rule is a condition of payment and the amount at risk for non-compliance is significant. Dr. Thyne reiterated that each Service will be held responsible for educating faculty and staff on the expectations and roles regarding key documentation requirements, and determining the system within their Service to ensure compliance.

CLINICAL SERVICE REPORTS:

Otolaryngology- Marika Russell, MD, Interim Service Chief

The report included updates on:

- Departmental Structure and Personnel
- Clinical Scope of Service – Operating Room, Inpatient Service, Ambulatory Outpatient Clinic, eReferral, Hospital Consultation, Emergency Department, Urgent Care and Laguna Honda Hospital. Volume statistics on ambulatory visits, ambulatory service (total visit and eReferral volume), eReferral Service, OR procedures, OR volume (minutes, RVU's), OR Cases by Clinical Subtype, OR Cases by Status, Inpatient Service (Discharges, Hospital Days, Average Length of Stay, Average Daily Census).
- Performance Improvement and Patient safety – Operations, Clinical outcomes (posttonsillectomy hemorrhage), head and neck cancer, OPPE, Faculty participation in hospital and medical staff committees.
- Education
- Research – Clinical and Outcomes Research, Transitional Research, Grants
- Finances – Payer Mix, Collections, Professional Fee Collection Ratio

In summary, Dr. Russell highlighted the Service's strong resident program with ample educational opportunities, stable clinical enterprise, operational inefficiencies (Clinic and OR), access to Audiology, increased productivity in OR with decreasing reimbursement, leveled remuneration, and staffing model dependent on volunteer contributions.

Otolaryngology OPPE -

The Otolaryngology OPPE cover sheet was revised to include thresholds in parameters, consistent with thresholds across all Clinical Services.

Action Taken: The following were unanimously approved by the SFGH JCC:

- Revised Pediatric Privileges List
- Revised Pulmonary Privileges List
- Approved Standardized Procedures SP ED RN – Protocol #9
- Otolaryngology Rules and Regulations

7) QUALITY COUNCIL REPORT

Todd May, MD, Chief Medical Officer, gave the report.

Action Taken: The SFGH JCC unanimously approved the Quality Council Report.

8) REGULATORY UPDATE

Jay Kloo, Director of Risk Management, gave the update.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if the timelines listed for all activities are feasible. Mr. Kloo stated that SFGH expects to be able to meet all activities and benchmarks noted on the timeline.

9) PUBLIC COMMENT

There was no general public comment.

10) CLOSED SESSION:

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

APPROVAL OF CLOSED SESSION MINUTES OF MARCH 11, 2014

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved the April, 2014 Closed Session minutes; the Performance Improvement and Patient Safety Report; and the May Credentials Report. The Committee voted not to disclose other discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 4:48pm

Edward A. Chow, M.D.
President

Sonia E. Melara, M.S.W.
Vice President

Cecilia Chung
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, June 10, 2014

3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

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1) CALL TO ORDER

2) FOR DISCUSSION AND
POSSIBLE ACTION:

APPROVAL OF THE MINUTES OF THE MAY 13, 2014 SAN
FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE
COMMITTEE MEETING

**Minutes of the meeting of May 13, 2014*

3) FOR DISCUSSION AND
POSSIBLE ACTION:

SFGH REBUILD UPDATE

(Terry Saltz, Mark Primeau, Ron Alameida)

THE COMMITTEE WILL HEAR AN UPDATE OF THE SFGH REBUILD PROJECT.

4) FOR DISCUSSION AND
POSSIBLE ACTION:

CLINICAL PRACTICE GROUP (CPG) INCENTIVE PROGRAMS

(Alice Chen, MD)

THE COMMITTEE WILL HEAR AN UPDATE OF THE CPG INCENTIVE PROGRAMS.

5) FOR DISCUSSION AND
POSSIBLE ACTION:

QUALITY MEASURES REPORT AND PATIENT EXPERIENCE

(Sue Schwartz, Director of Performance Improvement)

THE COMMITTEE WILL HEAR AN UPDATE OF QUALITY AND SAFETY MEASURES DATA FOR QUARTER 4 2013 TO QUARTER 1 2014.

6) FOR DISCUSSION AND
POSSIBLE ACTION:

HOSPITAL ADMINISTRATOR'S REPORT

(Susan A. Currin, Chief Executive Officer)

THE COMMITTEE WILL HEAR A SUMMARY OF ACTIVITIES AND OPERATIONS OF SFGH.

SFGH JCC Agenda

June 10, 2014

Page 1

- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, Interim Chief Nursing Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF NURSING-RELATED INFORMATION AND DATA WHICH INCLUDES: EMERGENCY ROOM ADMISSION DATA; DIVERSION DATA; AND PSYCHIATRIC EMERGENCY SERVICES DATA.
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Shannon Thyne, M.D., Chief of Staff)
THE COMMITTEE WILL HEAR A SUMMARY OF REPORTS THAT WERE PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON MAY 12, 2014 AND MAY 15, 2014. APPROVAL REQUESTED OF REVISED CREDENTIALS MANUAL, BOARD CERTIFICATION LETTER, AND OUTSIDE PROCTORING TEMPLATE; STANDARDIZED PROCEDURES FOR INTERVENTIONAL RADIOLOGY PROCEDURE ASSISTANT; AND THE PSYCHIATRY SERVICE RULES AND REGULATIONS AND THE ANESTHESIA SERVICE RULES AND REGULATIONS.
- 9) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS**
(Troy Williams, Interim Chief Quality Officer)
- *THE COMMITTEE WILL HEAR A SUMMARY OF THE MINUTES FROM THE MAY 20, 2014 QUALITY COUNCIL MEETING. APPROVAL REQUESTED.*
 - *THE COMMITTEE WILL RECEIVE THE MAY 2014 REGULATORY AFFAIRS STATUS REPORT*
 - *THE COMMITTEE WILL HEAR A SUMMARY OF THE PATIENT SAFETY PROGRESS REPORT*
- 10) **PUBLIC COMMENT**
AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMITTEE ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMITTEE FOR UP TO THREE MINUTES. THE BROWN ACT FORBIDS A COMMITTEE FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.
- 11) **CLOSED SESSION:**
- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article 1, Section 1.
- FOR ACTION:** **APPROVAL OF CLOSED SESSION MINUTES OF MAY 13, 2014**
- FOR ACTION:** **CONSIDERATION OF CREDENTIALING MATTERS**
(Shannon Thyne, M.D., Chief of Staff)
- FOR DISCUSSION:** **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE**
AND POSSIBLE ACTION: **IMPROVEMENT**

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

12) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 7M30 is wheelchair accessible. It is located on the seventh floor of the Main Building, inside the 7M Suite. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the seventh floor and follow signage to Suite 7M. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

**Tuesday, June 10, 2014 3:00 p.m.
1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110**

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer

Staff: Sue Currin, Barbara Garcia, Sue Schwartz, Jeff Critchfield, MD, Terry Dentoni, Roland, Pickens, Kathy Jung, David Woods, Jay Kloo, Dan Schwager, Jim Marks, MD, Aiyana Johnson, Ron Weigelt, Anson Moon, Dan Schwager, Shannon Thyne, MD, Shermineh Jafarieh, Jeff Critchfield, MD, Greg Wagner, Kathy Murphy, Mark Morewitz

The meeting was called to order at 3:04pm.

2) APPROVAL OF THE MINUTES OF THE MAY 13, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The minutes of the May 13, 2014 SFGH JCC meeting were unanimously approved.

3) SFGH REBUILD UPDATE

Terry Saltz, SFGH Rebuild Project, Mark Primeau, DPH Capital Projects, and Ron Alemeida, Department of Public Works, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for more information on the plan to raise funds for furniture, fixtures, and equipment (FFE). Ms. Currin stated that of the \$170M needed, the Mayor has pledged \$105M

and plans are in place for the SFGH Foundation to raise the remaining \$65M; current commitments are over \$40M.

Commissioner Chow asked whether the \$40M included in the Rebuild Transition Budget designated for IT will go towards the electronic medical record system for SFGH. Director Garcia stated that this amount will go towards what is needed for the transition and is not for the electronic medical record system. Commissioner Chow asked for a more detailed breakdown of IT costs for the Rebuild transition at a later date.

Commissioner Chow asked how much a month delay in the Rebuild schedule will cost. Mr. Alemeida stated that the estimated cost of a month delay in the schedule will cost approximately \$1.2M. Mr. Saltz clarified that if the delay is due to a contractor, there will not be additional cost to SFGH.

4) CLINICAL PRACTICE GROUP INCENTIVE PROGRAMS

Alice Chen, MD, gave the presentation.

Commissioner Comments/ Follow-Up:

Commissioner Chow asked how incentive payments are routed to the individual providers. Dr. Chen stated that the funds do not go directly to the individual provider but to the provider group; she added that residents are included in the provider groups. Director Garcia stated that there is effort to include outcomes and quality metrics as part of the UCSF Affiliation agreement.

Commissioner Chow requested an update on this item at a future SFGH JCC meeting. Director Garcia suggested that December 2014 or January 2015 would be appropriate for an update.

5) QUALITY MEASURES REPORT AND PATIENCE EXPERIENCE

Sue Schwartz, Director Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on the graphs in regard to whether they are composites; Ms Schwartz stated that the graphs are labeled as composites or individual measures.

Commissioner Singer asked why pneumonia blood culture was removed as a measure. Ms. Currin stated that CMS removed this measure from the national list.

Commissioner Singer asked if SFGH staff feel it is doing generally well on the measures. Ms. Schwartz stated that SFGH is trending in the right direction for many of the measures.

Commissioner Singer suggested that SFGH consider voluntarily raising its benchmarks if it continues to meet its goals.

4) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

Unannounced One-Day Complaint Validation Survey

Ms. Good, The Joint Commission Field Representative, arrived on June 3, 2014 for an unannounced one-day complaint validation survey. Her focus was on the Emergency Department and on policies

and procedures related to hospital safety and security. In her exit conference, Ms. Good noted the positive work that goes on in our institution regarding security and safety, and the close relationship the hospital has with the Sheriff's Department.

Successful Commission on Cancer Survey

Dr. Stephen Seagren arrived Thursday, May 22, 2014 to conduct our one day 2014 Triennial Commission on Cancer Survey. At the exit conference, Dr. Seagren noted no deficiency and acknowledged several commendable aspects of our program related to record keeping and quality improvement monitoring. San Francisco General Hospital has been an accredited Cancer Program of the American College of Surgeons since 1985.

Lillian Chan Joins SFGH as Transition Director for the SFGH Rebuild Program

I am happy to introduce Lillian Chan as Transition Director for the SFGH Rebuild program. Lillian will be working closely with hospital operations and other DPH departments to facilitate a smooth and timely transition into the new hospital building. Her responsibilities include serving as SFGH's liaison to the Rebuild program's external transition planning consultants.

Lillian comes to us from Kaiser Permanente where she oversaw and helped open 6 new and rebuilt hospitals in several localities throughout Northern California. Lillian's healthcare experience spans a broad array of hospital and ambulatory services, including roles as an assistant hospital administrator for an acute care hospital and primary care clinic manager. In addition, Lillian served as a consulting manager where she was responsible for various process improvement and program development initiatives, and most recently Director of Regional Planning for Kaiser's Northern California region.

Responsibility of the Health Commission Regarding Adequate Resources and Staffing

See attached memorandum.

Hospital Safety and Security Improvements Update

A table listing key findings, recommendations and improvements to date related to hospital safety and security is attached. The listing is a compilation of findings and recommendations from the Center of Medicare and Medicaid Services Validation Survey (October 2013) the University of California, San Francisco Independent Review (March 2014) and the San Francisco Sheriff's Department Corrective Action Plan (November 2013).

Patient Flow Reports for May 2014

A series of charts depicting changes in the average daily census is attached.

Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached to the original minutes of the meeting.

Commissioner Comments/Follow-Up:

Commissioner Chow thanked Ms. Currin for including the memo regarding Health Commission oversight responsibilities at SFGH. He suggested that Mr. Morewitz gather similar information from LHH and other SFDPH documents for discussion at the August 19, 2014 Health Commission Planning meeting.

Commissioner Singer asked for an update on the SFGH Security issues. Ms. Currin stated that the Joint Commission surveyors reviewed security issues and noted improvements made.

Commissioner Singer asked Ms. Currin to identify an improvement area in the SFGH Security plan that she consider high priority. Ms. Currin stated that hiring the staff person in charge of security and obtaining necessary technology are important aspects of the plan. She noted that the Sheriff Training has had a positive impact on the quality of security at SFGH. Ms. Dentoni noted that nurses reported that recent improvements in the Sheriff's training and deeper collaboration with SFGH has had a positive impact on the SFGH inpatient units.

Commissioner Singer asked for more information on the \$10.8M salary variance. Mr. Wagner stated that the areas where SFGH is below budget, there are savings. Some vacant positions are back-filled with per-diem. He noted that 40% of the variance is due to a low patient census and 60% is due to not being able to hire staff which results in the use of per-diem or overtime.

Commissioner Singer asked if the low Psychiatry and Mental Health Rehabilitation census impacted budget projections. Mr. Wagner stated that data from these units was considered during the budget process.

5) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

May 2014 - 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 11.9%

Staffing Ratio Data for the Month of March 2014; all shifts were met.

Professional Nursing for the Month of April 2014

Retention/Professional Development:

A 3P (I) Lean Workshop was held the week of May 19 to focus on the Interdisciplinary team (IDT) and IDT rounds in the new hospital building. The workshop team spent the week focusing on bedside rounds with the core IDT team and expanded IDT rounds. Two key factors considered in making the rounds impactful were including patients and families in the bedside rounds and including Nursing in rounds both at the bedside and when the expanded IDT team meets. The workshop was able to produce standard work for both the bedside and expanded rounds and began to address operational barriers to making the rounds occur. The rounds are one method of fostering communication between all members of the IDT and patients.

Two staff members who participated in the Partners in Education program have been accepted in to RN programs: Susana Castro MEA in the 1M Clinic has been accepted at the University of San Francisco and Vincent Morrone MEA from Pediatrics will start at College of Marin.

On Friday June 6 a workshop for SFGH nurse leaders will be facilitated by Wanda Borges RN, PhD, USF Associate Dean of the School of Nursing. The workshop will focus on the Patient Centered Nursing Care Delivery model to be implemented in the new hospital building and the future of Nursing Shared Governance. The workshop will produce a list of actions to be implemented for advancing the Care Delivery model and revitalizing Nursing Shared Governance.

May 2014

Diversion Rate: 35% (ED diversion – 246 hours/33% + Trauma override -16 hours/2%)

ED Encounters:

- Total Patients: 5486
- ED Admissions: 802
- Patients Discharged: 4138
- ED Admission Rate: 16%

Psychiatric Emergency Service (PES) Data for the Month of March 2014

PES had 613 patient encounters during April 2014 and 631 in May 2014. PES admitted a total of 136 patients to SFGH inpatient psychiatric units in May, an increase from 120 inpatient admissions in April. In April a total of 495 patients were discharged from PES: 46 to ADUs, 29 to other psychiatric hospitals, and 420 to community/home.

There was a decrease in Condition Red hours from April to May. PES was on Condition Red for 52.4 hours during 14 episodes in May. The average length of Condition Red was 4.54 hours. In April, PES was on Condition Red for 80.2 hours, during 16 episodes, averaging 5.17 hours.

The average length of stay in PES was 17.6 hours in the month of May. This was an increase from the April LOS of 16.74 hours.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

- *Accepted and Arrived Referrals* refer to patients that have been approved by PES for admission and are admitted to the unit.
- *Accepted and Cancelled Referrals* refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This could be because the referring hospital has decided to place the patient on their own psychiatric unit, or because the patient has cleared psychiatrically and the 5150 hold has been dropped.
- *Inappropriate Referrals* refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between April and May the percentage of which the patient was accepted and was admitted to PES increased from 52% to 53%. The percentage of which the referral was accepted but cancelled increased from 14% to 26%. This month saw an increase in patients who

were presented but then cancelled shortly after. This month, 21% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests decreased from 96 in April to 89 in May.

Public Comment:

Bob Ivory, SFGH nurse, congratulated SFGH for completing the negotiation of the MOU with the SFGH nurses. He also stated that based on the law and a SFGH policy, SFGH nurse staffing should be based on acuity. He requested the ability to regularly present data to the Health Commission related to SFGH nursing issues. He added that there has been no PCS meeting for over two years.

Norlissa Cooper, SFGH Nurse, acknowledge the hard work put in at the negotiations. She added that necessary forms have not been updated to include patient acuity in relation to nurse staffing.

Aaron Cramer, SFGH; thanked the Health Commission for looking into SFGH nursing staff issues and he also thanked Ms. Dentoni. He requested that every nurse receive appropriate breaks on ever shift at SFGH.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if there are specific days, such as some holidays, that can be better planned in regard to knowing that many staff may be out and there will be need for coverage; he gave the example of Mother's Day. Mr. Dentoni stated that she has worked with nurse managers to ensure that there is enough core staff on these types of holidays; per diems are also used to fill in.

6) MEDICAL STAFF REPORT

Shannon Thyne, M.D., Chief of Medical Staff, gave the report.

MEDIA/PRESS RELEASES:

- New York Times Article about the SFGH OB Services – SFGH work in labor and delivery services was featured in the New York Times Fixes column on May 7, 2014. The story titled, "In Delivery Rooms, Reducing Births of Convenience", featured the many ways that SFGH OB Services provide evidence-based medicine, and exceed national standards in obstetric services.
- SF Examiner Article May 12, 2014 Edition – The SFGH Trauma Service, from the perspective of a grateful patient, was featured in the cover story of the May 12, 2014 SF Examiner. The story was about a patient saved by the hospital after a bicycle accident four years ago, and his efforts to give back to the hospital with a footrace fundraiser.

ADMINISTRATION/LEADERSHIP:

- New SFGH Surgery Chief – Dr. Peter Muskat, new SFGH Surgery Chief, started today. Dr. Muskat is still awaiting Medical Board of CA licensure approval and his application for SFGH Medical Staff membership and privileges is in process.

CLINICAL SERVICE REPORTS:

Psychiatry- James Dilley, MD, Service Chief

The report provided an overview of the following:

- Clinical Services – Updates about each of the six Divisions in Psychiatry – Acute and Emergency Services (AES), Citywide Focus Case Management (CWF), Division of Substance Abuse and Addiction

Medicine (DSAAM), Infant, Adolescent and Child Programs (ICAP), Psychosocial Medicine (PSM) and Alliance Health Project (AHP).

- SFGH Training – Residency Training Programs, Psychology Training, Public Psychiatry Fellowship.
- Performance Improvement – UHC Hospital Based Inpatient Psychiatry – Discharge Measures: Multiple Antipsychotic Medications at Discharge Overall Rate%, Multiple Antipsychotic Medications at Discharge with Appropriate Justification – Overall Rate%, Post Discharge Continuing Care Plan Overall Rate%, and Post Discharge Continuing Care Plan Transmitted Overall Rate%.
- Research – Substance Abuse, LGBT disparities, Latino mental Health, Child Trauma Research and mental Health Services Research: HIV prevention Studies
- Leadership – Current Faculty Service on SFGH Committees
- Budget Overview – FY11-FY 14 SFGH Psychiatry Departmental Budget by Division/Program and FY 13-14 Faculty Staff and Post-Doc statistics.

Challenges in the immediate future include plans to implement an ambitious re-casting of inpatient clinical programming and improved documentation, work to maintain an aggressive patient flow while improving communication with SF Mental Health Plan colleagues, find new sources of funding: increase mental health FQHC and Medi-Cal billing, continue to improve/promote clinical research: (3 major recruitments; HIV/LGBT, Alcohol and Director of ICAP), begin to implement new residency training curriculum with July 2014 interns. Members applauded Dr. James Dille for his excellent report, and commended the Psychiatry Service's strong collaborative work with other Clinical Services.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification regarding the Physician Assistant protocols for Radiology Standardized Procedures. Dr. Thyne stated that current CCSF policies refer to Nurse Practitioners and Physician Assistants interchangeably, but the licensing process is different between these types of positions.

Commissioner Chow asked how acupuncture is being monitored at SFGH. Dr. Thyne stated that acupuncture privileges are only for physicians; monitoring is conducted by other physicians who are licensed acupuncturists.

Action Taken: The following were unanimously approved by the SFGH JCC:

ACTION ITEMS:

Approved Privilege/Form Revisions:

- Revised Credentials Manual
- Board Certification Letter
- Outside Proctoring Template
- Medicine Privilege Lists – Addition of "Punch Biopsy Normal Skin"

Approved Standardized Procedures (SP):

- SP Interventional Radiology Procedure Assistant

Psychiatry Rules and Regulations

Anesthesia Rules and Regulations

7) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Todd May, MD, Chief Medical Officer, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow requested that Medical-Surgical and Psychiatry data should be reported separately.

Ms. Currin noted that Ms. Dentoni worked with the 5D unit, where patient Lynne Spaulding was located before her death, and there has been substantial improvement in performance measures.

Commissioner Singer asked which item is the most important for SFGH to focus on at this time. Ms. Currin stated that issues related to the death of Ms. Spaulding have been the focus and improvements have been made. SFGH will now focus on implementing the Psychiatry correction action plan.

8) **PUBLIC COMMENT**

There was no general public comment.

9) **CLOSED SESSION:**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

APPROVAL OF CLOSED SESSION MINUTES OF May 10, 2014

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved the May 2014 Closed Session minutes; the Performance Improvement and Patient Safety Report; and the June Credentials Report. The Committee voted not to disclose other discussions held in closed session.

10) **ADJOURNMENT**

Ms. Dentoni stated that in regard to the public comment made that there had been no PCS meeting for two years, the last PCS meeting was in November of 2013.

The meeting was adjourned at 5:56pm.

Edward A. Chow, M.D.
President

Sonia E. Melara, M.S.W.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

David B. Singer
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL

Tuesday, July 8, 2014

3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

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1) **CALL TO ORDER**

2) **FOR DISCUSSION AND
POSSIBLE ACTION:**

**APPROVAL OF THE MINUTES OF THE JUNE 10, 2014 SAN
FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE
COMMITTEE MEETING**

**Minutes of the meeting of June 10, 2014*

3) **FOR DISCUSSION AND
POSSIBLE ACTION:**

SFGH OPERATIONAL REDESIGN AND TRANSITION UPDATE
(Iman Nazeeri-Simmons and Lillian Chan)

THE COMMITTEE WILL HEAR AN UPDATE OF THE SFGH 3P WORKFLOW REDESIGN.

4) **FOR DISCUSSION AND
POSSIBLE ACTION:**

**SUMMARY OF EMERGENCY DEPARTMENT STAFFING,
DIVERSION AND ZONES** (Terry Dentoni)

THE COMMITTEE WILL HEAR A SUMMARY OF THE EMERGENCY DEPARTMENT STAFFING, DIVERSION AND ZONES.

5) **FOR DISCUSSION AND
POSSIBLE ACTION:**

HOSPITAL ADMINISTRATOR'S REPORT
(Susan A. Currin, Chief Executive Officer)

THE COMMITTEE WILL HEAR A SUMMARY OF ACTIVITIES AND OPERATIONS OF SFGH.

6) **FOR DISCUSSION AND
POSSIBLE ACTION:**

PATIENT CARE SERVICES REPORT
(Terry Dentoni, Interim Chief Nursing Officer)

*THE COMMITTEE WILL HEAR A SUMMARY OF NURSING-RELATED INFORMATION AND DATA WHICH INCLUDES: EMERGENCY
ROOM ADMISSION DATA; DIVERSION DATA; AND PSYCHIATRIC EMERGENCY SERVICES DATA.*

SFGH JCC Agenda

July 8, 2014

Page 1

- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(James Marks, M.D., Chief of Staff)
THE COMMITTEE WILL HEAR A SUMMARY OF REPORTS THAT WERE PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON JUNE 9, 2014. APPROVAL REQUESTED OF APPOINTMENT OF DR. MALINI SINGH AS INTERIM SERVICE CHIEF OF EMERGENCY MEDICINE, REVISED DERMATOLOGY PRIVILEGES LIST AND REVISED ANESTHESIA PRIVILEGES LIST.
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS**
(Troy Williams, Interim Chief Quality Officer)
- *THE COMMITTEE WILL HEAR A SUMMARY OF THE MINUTES FROM THE JUNE 17, 2014 QUALITY COUNCIL MEETING. APPROVAL REQUESTED.*
 - *THE COMMITTEE WILL RECEIVE THE JUNE 2014 REGULATORY AFFAIRS STATUS REPORT*
- 9) **PUBLIC COMMENT**
AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMITTEE ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMITTEE FOR UP TO THREE MINUTES. THE BROWN ACT FORBIDS A COMMITTEE FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.
- 10) **CLOSED SESSION:**
- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.
- FOR ACTION:** **APPROVAL OF CLOSED SESSION MINUTES OF JUNE 10, 2014**
- FOR ACTION:** **CONSIDERATION OF CREDENTIALING MATTERS**
(James Marks, M.D., Chief of Staff)
- FOR DISCUSSION:** **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE**
AND POSSIBLE ACTION: **IMPROVEMENT**
(Todd May, M.D., Chief Medical Officer, Troy Williams, Interim Chief Quality Officer)
- RECONVENE IN OPEN SESSION**
1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 7M30 is wheelchair accessible. It is located on the seventh floor of the Main Building, inside the 7M Suite. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the seventh floor and follow signage to Suite 7M. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Stanyan**, and **#48 Quintara-24th St**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org

Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

Edward A. Chow, M.D.
President

Sonia E. Melara, M.S.W.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

David B. Singer
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, July 8, 2014 3:00 p.m.

**1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110**

**GOVERNMENT
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AUG 25 2014

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PUBLIC LIBRARY**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer

Staff: Sue Carlisle, M.D., Pat Carr, Lillian Chan, Sue Currin, Terry Dentoni, Capt. Ken Ferrigno, Reginald Hortinela, William Huen, M.D., Valerie Inouye, Shermineh Jafarieh, Kathy Jung, Jay Kloo, Elaine Lee, James Marks, M.D., Todd May, M.D., Anson Moon, Iman Nazeeri-Simmons, Marcellina Ogbu, Roland Pickens, Dan Schwager, Dave Staconis, Shannon Thyne, M.D., Greg Wagner, Ron Weigelt, Troy Williams, David Woods

The meeting was called to order at 3:08pm. Commissioner Chow chaired the meeting.

**2) APPROVAL OF THE MINUTES OF THE JUNE 10, 2014 SAN FRANCISCO GENERAL HOSPITAL
JOINT CONFERENCE COMMITTEE MEETING**

Corrections:

Under SFGH Rebuild Update, Commissioner Comments/Follow-Up

"Mr. Currin stated that of the \$170M needed, the Mayor has pledged \$105M and ~~plans are in place for~~ the SFGH Foundation *were asked to help* raise the remaining \$65M; ~~current commitments are over \$40M.~~"

Commissioner Comments/Follow-Up:

As a reminder, Commissioner Chow restated his request for Mr. Morewitz to gather information and documents from Laguna Honda Hospital and other SFDPH areas regarding the Health Commission

oversight responsibilities – to be discussed at the August 19, 2014 Health Commission Planning meeting.

Action Taken: With the aforementioned correction, the minutes of the June 10, 2014 SFGH JCC meeting were unanimously approved.

3) SFGH OPERATIONAL REDESIGN AND TRANSITION UPDATE

Iman Nazeeri-Simmons, Interim Chief Operating Officer, and Lillian Chan, Transition Director, gave an update presentation on the SFGH 3P workflow redesign.

Public Comments

There was no public comment.

Commissioner Comments/Follow-Up:

Commissioner Singer asked when equipment and furnishings are ordered, whether any ordering deadlines have been missed. Ms. Currin responded that the initial list of equipment and furnishings was developed as part of the original bond (2008). Since then, there have been changes to the list due to reasons such as items no longer being made and development of new technologies. No critical ordering deadlines have been missed but some deadlines are getting close. Much has to do with increased complexity of ordering equipment, especially in the area of Information Technology. Staff is monitoring these deadlines.

Commissioner Singer asked whether the lack of an integrated information system will affect the mission and vision of the new hospital building. Ms. Currin replied that it will be more difficult without it but that we are continuing to build the infrastructure to help us to reach our goal.

Commissioner Singer asked what are the risks related to the current Information system for SFGH and what is the plan to acquire an integrated information system. Commissioner Chow opined that this is a DPH-wide issue and should be discussed at that level. Mr. Pickens stated that Bill Kim, Chief Information Officer for DPH, is working on an analysis that will help determine what system we should go with. Commissioner Singer thinks it is important that more people understand this critical need. Commissioner Sanchez agrees that this is an important issue but there will always be others and it will be staff's due diligence that will allow us to reach our goals.

Commissioner Chow requested a supplemental presentation – from the eyes of patients, what they will experience as they go through the system. Dr. May commented that the workflow redesign, from when the patient arrives to when the patient is discharged, has service excellence and patient centered care as its focus.

4) SUMMARY OF EMERGENCY DEPARTMENT STAFFING, DIVERSION AND ZONES

Terry Dentoni, Interim Chief Nursing Officer, presented an overview of how the SFGH Emergency Department is divided into zones and how each zone is staffed.

Public Comments:

David Fleming, SFGH nurse and SEIU Representative, states that patients, often of high acuity, in the hallway are at risk when nurses are pulled into rooms. He requested this issue be address as well as

how the care of these patients is maintained. He request that staffing ratio be maintained throughout the shift.

Amber Quelvog, SFGH ED nurse, stated that to be fully staffed, the number of nurses per shift in the ED should be 20 or 21, instead of 17. Staff to trauma patient ratio is not 1:1 but 3:1. In addition, Zone 1 nurses must be specially trained.

Julie Molitor, SFGH ED nurse, stated that things have gotten worse, with patient acuity rising, but staffing level remaining the same, the last 12-18 months. Staff are not always getting their breaks and this is not being discussed.

Melissa Pitts, SFGH ED nurse, stated that she wants patients to have a good experience. The presentation was accurate as how thing are but the current situation is challenging and changes day to day with sick calls, trauma calls, and high acuity patients.

Commissioner Comments/Follow-Up:

Commissioner Singer stated that the practice is that Commissioners do not engage with people giving Public Comments at meetings. He asked how the Commission can respond to these issues. Dr. Chow responded that the full Health Commission can call for hearings and the Joint Conference Committee can request agenda items.

5) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

1. Asiana Anniversary Event

A special event was held at San Francisco General Hospital last Monday, to commemorate the Asiana Airlines accident anniversary. The event included a panel discussion featuring Dr. Peggy Knudson (Trauma Surgeon). Terry Dentoni (SFGH Chief Nursing Officer), Dr. Malini Singh (Medical Director of Emergency Department) and Edwin Batongbacal (Director of Adult and Older Adult Systems of Care for the Behavioral Health Services), who discussed their experiences that day and how the Department, with the new hospital building, will be even more prepared to respond next time there is a disaster or multi-casualty incident.

The media took tours of mock-ups of the new hospital and saw a presentation on the new emergency department. It was a great way to combine looking back, at the accident, with looking forward, to the new hospital.

Links to some of the news stories:

- San Francisco Chronicle - [S.F. General staff recalls Asiana crash, anticipates new hospital](#)
- San Francisco Examiner - [SF hospital reflects on Asiana crash while looking ahead to new facilities](#)
- ABC 7 - [SFGH doctors, nurses reflect on Asiana tragedy](#)

2. Jackie Speier at SFGH to Announce Introduction of SMOKE Act Regulating E-Cigarettes

Congresswoman Jackie Speier held a press conference at SFGH on June 20, 2014 to announce the introduction of her Stop Selling and Marketing to Our Kids E-Cigarettes (SMOKE) Act. This legislation will extend the same Food and Drug Administration regulations of tobacco products to electronic

cigarettes and address gaps in the current FDA proposal. Congresswoman Speier was joined by San Francisco Supervisor Eric Mar, Dr. Tomas Aragon, Director of the Population Health Division at SFDPH, and Dr. Neal Benowitz, Associate Medical Director of the San Francisco Division of the California Poison Control System.

3. SFGH Staff Present at America's Essential Hospitals' Vital 2014 Conference

Dr. Anne Kinderman, Director of Supportive and Palliative Care Service and Thomas Holton, Director of Patient Safety, presented at the America's Essential Hospitals' Vital 2014 Conference. Dr. Kinderman discussed how hospital-based and community-based palliative care services can improve patient care and lower cost; how health care organizations can assess the development of their own palliative care program; and how systems with limited resources can develop and action plan for growing palliative care services. Tom Holton presented Patient Safety dashboards developed at SFGH, to display and inform front-line staff and hospital leaders the number of people (vs. rate) affected by preventable hospital acquired conditions.

4. Hospital Safety and Security Improvements Update

A table listing key findings, recommendations and improvements to date related to hospital safety and security is attached to the meeting materials of the July 8, 2014 SFGH JCC Open Session. The listing is a compilation of findings and recommendations from the Center of Medicare and Medicaid Services Validation Survey (October 2013) the University of California, San Francisco Independent Review (March 2014) and the San Francisco Sheriff's Department Corrective Action Plan (November 2013).

5. Patient Flow Reports for June 2014

A series of charts depicting changes in the average daily census is attached to the meeting materials of the July 8, 2014 SFGH JCC Open Session.

6. Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached to the meeting materials of the July 8, 2014 SFGH JCC Open Session.

Public Comments

There was no public comment.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that the number of decertified days appears to be decreasing. Ms. Currin indicated that the number of budgeted beds will change with the new fiscal year.

Commissioner Singer asked if there were any progress in hiring the Security Manager. Mr. Weigelt and Ms. Lee stated that the position is going through the Mayor's Office this week, and that it is funded starting July 1, 2014. The position will be posted by early next week. Position will be posted for two to four weeks. Interviews will take approximately 2 weeks and it will take another three weeks to process the candidate once selected. An aggressive target date to have this person on board is September 15. Commissioner Singer expressed amazement that even though this is a high priority position, that it would take so long to hire.

Commissioner Sanchez commented that there have been many improvements – still frustrating but progress. Ms. Currin stated that DPH is working on all other recommendations and absence this manager, is moving forward.

6) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

2320 RN Vacancy Rates for the Month of June 2013

The overall 2320 RN vacancy rate for areas reported is 14.3%.

Retention/Professional Development:

As recommended by the Interdisciplinary Team 3P workshop held in May, work continues on 5D on interdisciplinary team rounding. 5D Nursing staff and medical staff from the Family Medicine Inpatient Service are piloting the process for daily rounds at the patient's bedside. The focus of the rounds is to exchange four pieces of information: the plan of care for the day, the anticipated date of discharge, where the patient will go at discharge and any barriers to discharge. Secondly, when the provider and RN talk with the patient the focus of the communication will be insuring the patient has an understanding of why they are in the hospital, when they will be discharged, what the discharge plan is and what the team can do for the patient at that time. Nurses and the providers have been adjusting the daily rounding process for 3 weeks.

On Friday June 6 a workshop for SFGH nurse leaders was facilitated by Wanda Borges RN, PhD, USF Associate Dean of the School of Nursing. The workshop focused on Patient Centered Care Delivery and the future of Nursing Shared Governance. Recommendations from the workshop include: define the attributes of patient centered care at SFGH and integrate all disciplines into this model of care delivery, discuss the restructuring of Shared Governance with the Coordinating Council, integrate the Nursing Professional Practice Model into the Patient/Family Centered Model of Care at SFGH. In order to address the need for new preceptors due to hiring new RNs, Preceptor Training classes will be offered in August for RNs in the medical-surgical and critical care areas. Additionally, Clinical Educators and leadership staff involved in preceptor development are engaged in a process to standardize preceptor selection and performance criteria throughout Nursing.

Emergency Department (ED) Data for the Month of June 2014

The Emergency Department (ED) had a Diversion rate of 35% (ED Diversion: 227 hours/32%, Trauma Override: 24 hours/3%). ED Encounters totaled 5,296, of which 796/15% were admitted.

Psychiatric Emergency Service (PES) Data for the Month of March 2013

PES had 631 patient encounters during May 2014 and 617 in June 2014. PES admitted a total of 138 patients to SFGH inpatient psychiatric units in June, an increase from 136 patient admissions in May. In May, a total of 479 patients were discharged from PES: 23 to ADUs, 17 to other psychiatric hospitals, and 439 to community/home.

There was an increase in Condition Red hours from May to June. PES was on Condition Red for 98.8 hours during 13 episodes in June. The average length of Condition Red was 7.75 hours. In May, PES was on condition Red for 52.4 hours, during 14 episodes, averaging 4.54 hours.

The average length of stay in PES was 17.1 hours in the month of June. This was a small decrease from the May's average length of stay of 17.6 hours.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral. *Accepted and Arrived Referrals* refer to patients that have been approved by PES for admission and are admitted to the unit. *Accepted and Cancelled Referrals* refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. *Inappropriate Referrals* refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement. Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between May 2014 and June 2014, the percentage of which the patient was accepted and was admitted to PES increased from 53% to 64%, the percentage of which the referral was accepted but cancelled decreased from 26% to 6%. This month, 30% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of transfer requests decreased from 89 in May to 77 in June.

Public Comments

There was no public comment.

Commissioner Comments/Follow-Up:

Commissioner Singer asked Ms. Dentoni when she thinks staff will feel comfortable with staffing level. Ms. Dentoni responded that more of the staff are permanent and on-call staff are used primarily for support. Ms. Dentoni added that it takes six-eight months of training before a nurse can work in Zone 1.

7) MEDICAL STAFF REPORT

James Marks, M.D., Chief of Staff, gave the report.

Administration/Leadership

- Approval of 2014 Medication Error Reduction Plan –MEC reviewed and approved the 2014 Medication Error Reduction Plan presented by Dr. Neal Benowitz for the P&T Committee. The plan included initiatives and goals in the following areas: Prescribing, Prescription Order Communication, Product Labeling, Compounding, Education, and Use. Dr. Benowitz discussed each of these procedures/systems, their evaluation/assessment and plan modifications.
- Medical Staff Orientation – The hospital's Department of Education and Training (DET) alerted MEC about the low attendance rate for new medical staff members in employee orientation. Attendance to hospital orientation is a Joint Commission requirement for all employees, including Active, Courtesy and Affiliated staff. Following discussion, MEC approved DET's recommendation that new active medical staff members complete a half day on-site orientation prior to start of clinical activities. New Courtesy and Volunteer staff will be required to complete orientation in Moodle, an online module already in place. MEC also approved the compliance monitoring plan

developed by the Credentials Committee with the orientation requirement. Plans for implementation are ongoing, with a targeted start date on August 1, 2014.

- Glucose Measurement in Critical Settings – Dr. Eberhard Fiebig alerted MEC that CMS and FDA are currently looking into the concern that point of care fingerstick glucose testing may yield unreliable results in critically ill patients. Glucose testing in these patients should therefore be performed in the central laboratory. Which patients fall in the “critically ill” category has not been established. Dr. Fiebig is in discussion with UCSF and SFVA Med Center laboratories on coming up with a consensus approach to this issue among the UCSF teaching hospitals. He is reaching out to SFGH critical care providers to participate in the discussions

New Emergency Medicine Interim Chief:

MEC approved the appointment of Dr. Malini Singh as Interim Service Chief of Emergency Medicine effective July 1, 2014, while the Service conducts a national search.

Approved Privilege/Form Revisions:

- Revised Dermatology Privileges List– A correction was made in the Medicine Privilege List revision approved at the June 10, 2014 JCC meeting. The new procedure “Punch Biopsy Normal Skin will be added to the Dermatology Privilege list, not in Medicine. The May JCC Action List has been corrected. (Copy of proposed revision attached).
- Revised Anesthesia Privileges List – The list was revised to combine Transthoracic Echocardiography (TTE) and Transesophageal Echocardiography (TEE) into one privilege. The Committee approved the revision, but recommended that a minimum of one case each, TEE/TTE, be required for proctoring and reappointment to ensure competence in both procedures. (Copy of the proposed revision is attached)

Public Comments

There was no public comment.

Action Taken: The following were unanimously approved by the SFGH JCC:

- Appointment of Dr. Malini Singh as Interim Service Chief of Emergency Medicine
- Revised Dermatology Privileges List
- Revised anesthesia Privileges List

8) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Quality Council Minutes

Troy Williams, Interim Chief Quality Officer, presented the minutes of the June 17, 2014 Quality Council.

Public Comments

There was no public comment.

Action Taken: The SFGH JCC unanimously approved the Quality Council Report.

Regulatory Affairs Report

Reginald Hortinela, Interim Director of Regulatory Affairs, presented the June 2014 Regulatory Affairs Status Report.

Public Comments

There was no public comment.

Commissioner Comments/Follow-Up:

Commissioner Chow asked whether the State has accepted the Prospective Payment System Plan of Correction. Ms. Currin responded that the Plan of Correction was submitted a month ago. We have not received notification of acceptance or non-acceptance. We will continue to provide updates on improvements and whether expectations are being met.

9) PUBLIC COMMENT

There was no general public comment.

10) CLOSED SESSION:

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

APPROVAL OF CLOSED SESSION MINUTES OF JUNE 10, 2014

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

RECONVENE IN OPEN SESSION

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved the June 10, 2014 Closed Session minutes; the Performance Improvement and Patient Safety Report; and the June Credentials Report. The Committee voted not to disclose any discussions held in closed session.

Commissioner Comments/Follow-Up:

Commissioner Singer commented that the demographics for this catchment area will change over the next decade. He questioned what it will mean to the Department. Commissioner Singer suggested that this be discussed in the next couple of years. Commission Chow commented that this fits well with discussions related to the CPG, the strategic plans for the Department, for the Health Network and for the Hospital. It was agreed that this will come out of the Department and not SFGH.

11) ADJOURNMENT

The meeting was adjourned at 5:45pm

Edward A. Chow, M.D.
President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

David B. Singer
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
Department of Public Health**



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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AGENDA

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

**Tuesday, August 26, 2014
3:00 p.m.**

**1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110**

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Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

1) CALL TO ORDER

**2) FOR DISCUSSION AND
POSSIBLE ACTION:**

**APPROVAL OF THE MINUTES OF THE JULY 8, 2014 SAN
FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE
COMMITTEE MEETING**

**Minutes of the meeting of July 8, 2014*

**3) FOR DISCUSSION AND
POSSIBLE ACTION:**

QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

(Troy Williams, Interim Chief Quality Officer)

- *THE COMMITTEE WILL HEAR A SUMMARY OF THE MINUTES FROM THE JUNE 17, 2014 QUALITY COUNCIL MEETING.
APPROVAL REQUESTED.*
- *THE COMMITTEE WILL RECEIVE THE JUNE 2014 REGULATORY AFFAIRS STATUS REPORT, INCLUDING THE RECENT JOINT
COMMISSION TRIENNIAL SURVEY AT SFGH.*

**4) FOR DISCUSSION AND
POSSIBLE ACTION:**

SFGH INSTITUTIONAL MASTER PLAN UPDATE

(Kathy Jung, Hospital Associate Administrator)

THE COMMITTEE WILL HEAR AN UPDATE OF THE SFGH INSTITUTIONAL MASTER PLAN.

**5) FOR DISCUSSION AND
POSSIBLE ACTION:**

LEAN UPDATE

(Dennise Rosas, Manager of Kaizen Production Office)

THE COMMITTEE WILL HEAR AN UPDATE OF SFGH AND DPH LEAN ACTIVITIES.

- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Susan A. Currin, Chief Executive Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF ACTIVITIES AND OPERATIONS OF SFGH.
- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, Interim Chief Nursing Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF NURSING-RELATED INFORMATION AND DATA WHICH INCLUDES: EMERGENCY ROOM ADMISSION DATA; DIVERSION DATA; AND PSYCHIATRIC EMERGENCY SERVICES DATA.
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(James Marks, M.D., Chief of Staff)
THE COMMITTEE WILL HEAR A SUMMARY OF REPORTS THAT WERE PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON JULY 14, 2014 AND JULY 17, 2014. APPROVAL REQUESTED OF APPOINTMENT OF DR. PETER MUSKAT TO THE SFGH MEDICAL STAFF AND AS SERVICE CHIEF OF THE SURGERY SERVICE; AMENDMENTS TO THE MEDICAL STAFF BYLAW; REVISED COMBINED STANDARDIZED PROCEDURES FOR COMMUNITY PRIMARY CARE AND PEDIATRICS; AND REVISED PEDIATRICS RULES AND REGULATIONS.
- 9) **PUBLIC COMMENT**
AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMITTEE ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMITTEE FOR UP TO THREE MINUTES. THE BROWN ACT FORBIDS A COMMITTEE FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.

10) **CLOSED SESSION:**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF JULY 8, 2014

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(James Marks, M.D., Chief of Staff)

FOR DISCUSSION AND POSSIBLE ACTION: CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT AND SAFETY REPORT AND PEER REVIEWS
(Todd May, M.D., Chief Medical Officer, Troy Williams, Interim Chief Quality Officer, Jeff Critchfield, Medical Director of Risk Management)

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 7M30 is wheelchair accessible. It is located on the seventh floor of the Main Building, inside the 7M Suite. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the seventh floor and follow signage to Suite 7M. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Stanyan**, and **#48 Quintara-24th St**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org
Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

Edward A. Chow, M.D.
President

Sonia E. Melara, M.S.W.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
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MINUTES

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL

Tuesday, August 26, 2014

3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

1) CALL TO ORDER

Present: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer

Excused: Commissioner Edward A. Chow, M.D., Chair

Staff: Barbara Garcia, Roland Pickens, Iman Nazeeri-Simmons, Sue Carlisle MD, Jim Marks MD, Terry Dentoni, Gillian Otway, Aiyana Johnson, Jay Kloof, Todd May MD, Jeff Critchfield MD, Troy Williams, Kathy Jung, Lillian Chan, Dan Schwager, Reginald Hortinela, Marcellina Ogbu, Kathy Murphy, Virginia Dario Elizondo, Mark Morewitz

2) APPROVAL OF THE MINUTES OF THE JULY 8, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Minutes of the July 8, 2014 SFGH JCC meeting were unanimously approved.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Troy Williams, Interim Chief Quality Officer, gave the report. Director Garcia stated that three candidates have been identified for second interviews for the SFPD Security Director position; she will provide updates as the hiring process moves forward on this position.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if Sheriff's Department staff attend the SFGH Quality Council meetings. Mr. Williams stated that Captain Ferrigno attends the Quality Council meetings.

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Commissioner Singer asked if there are issues for SFGH medical staff who also work at UCSF, in regard to having to remember the nuances of two different medical record systems. Dr. Carlisle stated that SFGH has worked to get automatic signatures on all records to mirror the EPIC system but this is not consistent and has caused issues. Dr. Marks stated that this medical staff training issue is important to keep in mind when a provider is chosen for the SFGH medical record system.

Commissioner Singer asked if old equipment will be moved into the new SFGH hospital building. Ms. Nazeeri-Simmons stated that all equipment moving to the new building will be clean and in working order.

Action Taken: The Quality Council Minutes were unanimously approved.

4) SFGH INSTITUTIONAL MASTER PLAN UPDATE

Kathy Jung, Hospital Associate Administrator, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Sanchez asked if a date has been set to present the SFGH Institutional Master Plan (IMP) to the Planning Commission. Ms. Jung stated that a date has not been set yet.

Commissioner asked for clarification of the current SFDPH capital project priorities. Director Garcia stated that retrofitting for 101 Grove, renovations for Southeast Health Center, and the UCSF research building are all current priorities. She added that moving SFDPH staff to City-owned property and moving from leased space is a long-term goal.

Commissioner Singer asked the process for reviewing the 2008 and 2012 SFDPH Capital Projects plans to ascertain what is necessary to move forward. Mr. Pickens stated that by the time architects are hired for the project, it will be necessary to revisit all previous plans in addition to adding new initiatives to consider. Mark Primeau, SFDPH Capital Projects, stated that all SFDPH capital projects are added to the City's 10-year capital plan.

Commissioner Sanchez stated that community input can have an impact on the political process related to these capital projects.

5) LEAN UPDATE

Dennise Rosas, Manager of Kaizen Production Office, gave the update.

Commissioner Comments/Follow-Up:

Commissioner Singer asked how SFGH Urgent Care patients are notified of changes made to the appointment scheduling system. Ms. Nazeeri-Simmons stated that approximately 50% of SFGH Urgent Care patients are not linked to a medical home; SFGH is considering advertising a phone number or website for this group. Twenty-five percent of the SFGH Urgent Care patients are linked to San Francisco Community Clinic Consortium medical homes and the remaining 25% have the San Francisco Health Network as a medical home.

Commissioner Singer suggested that SFGH outpatient pharmacy LEAN efforts include the Jail Health Services pharmacy.

Commissioner Singer asked clarification on the ideal timeframes for SFGH patients to receive CAT or MRI scans. Ms. Jafarieh stated that SFGH sets realistic 12-month goals and refines these goals throughout the year; ideally scans would be available on the same day as requested. Dr. Marks stated that an important consideration is the criteria used by medical providers to order these scans.

6) HOSPITAL ADMINISTRATOR'S REPORT

Iman Nazeeri-Simmons, Chief Operating Officer, gave the report.

SFGH Celebrates Launch of San Francisco Health Network

San Francisco General Hospital, along with all other DPH departments/divisions celebrated the launching of the San Francisco Health Network (SFHN) with a video message by DPH Director Barbara Garcia and SFHN Director Roland Pickens and "birthday" cakes for staff. More than 300 staff attended this event at SFGH.

SFGH Successfully Passed The Joint Commission Accreditation Survey

The Joint Commission conducted their 2014 Triennial Accreditation Survey at San Francisco General Hospital and Trauma Center from Monday July 14, 2014 through Friday, July 18, 2014. The successful survey identified no patient-care issues. Clinical findings were limited to documentation issues. SFGH continues to be a Joint Commission Accredited Organization for its Acute Care Hospital and Nursing Care Center (NCC) programs.

SFGH Achieved Full Accreditation for its Cancer Program

San Francisco General Hospital achieved full accreditation from the American College of Surgeons Commission on Cancer for its cancer program. The Full Accreditation status recognizes SFGH's commitment to patient-centered cancer care, to providing high-quality, comprehensive cancer care, to performance and outcome improvement, and to research, educational intervention and training opportunities.

SFGH Passed CDPH Radiology Survey

The California Department of Public Health (CDPH) Radiologic Health Branch arrived on Monday, August 4, 2014, to conduct a five-day 2014 Radiology Survey and Inspection. This anticipated five day survey successfully concluded after the second day, with only two minor findings, each in the process of being corrected. The surveyors praised the SFGH Radiology Services and program for its high level of organization and service excellence.

SFGH to Receive Full Annual Payment Update (APU)

The Centers for Medicare & Medicaid Services (CMS) has completed the Fiscal Year 2015 Annual Payment Update (APU) determination and appeal process. Hospitals that satisfactorily met the requirements for the Hospital Inpatient Quality Reporting Program will receive the full annual market basket update for FY 2015. Hospitals not receiving full APU will receive a one-fourth reduction of their annual market basket update for FY 2015. SFGH has been notified that it will receive full APU.

New SFGH Building Highlighted in AIA Magazine on Seismic Damage Control

The new SFGH Building was highlighted in the June issue of AIA magazine "Architect" as a building designed above and beyond current seismic building codes. Its "base isolated and its structural elements that will behave elastically...give the hospital a good chance of enduring significantly less damage than other hospitals that were built simply to code, and infinitely less damage than other code-designed buildings".

Remembering Robin Williams For Supporting SFGH Pediatrics Patients

Since the passing of Robin Williams, there have been many articles and reports on his philanthropy efforts. Robin Williams was also a long-time supporter of our 6A Pediatrics Program. He entertained the children who were hospitalized during the holidays but did it quietly, without fanfare. We truly will miss Robin Williams and we will always be grateful for his generosity with his time in supporting our pediatrics patients and our staff.

Hospital Safety and Security Improvements Update

A table listing key findings, recommendations and improvements to date related to hospital safety and security is attached. The listing is a compilation of findings and recommendations from the Center of Medicare and Medicaid Services Validation Survey (October 2013) the University of California, San Francisco Independent Review (March 2014) and the San Francisco Sheriff's Department Corrective Action Plan (November 2013).

Patient Flow Reports for July 2014

A series of charts depicting changes in the average daily census is attached the original minutes of the August 26, 2014 SFGH JCC open session meeting.

Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached to the original minutes of the August 26, 2014 SFGH JCC open session meeting..

Commissioner Comments/Follow-Up:

Regarding the Joint Accreditation Survey, Commissioner Singer asked what issues remains concerns for SFGH. Ms. Nazeeri-Simmons stated that meeting all metrics required for full reimbursement by Medi-Cal and readmission rates are two issues that SFGH continues to work towards improving; she added that SFGH will like to do well in meeting its new core measure metrics.

Commissioner Singer asked for clarification on the plans for SFGH skilled nursing. Director Garcia stated that the SFDPH is still reorganizing its programs in this area. She added that the second floor at SFGH is residential care for elderly patients; half of the third floor is mental health rehabilitation and the SFDPH is considering using the other half of the floor for psychiatric respite care. She added that the reorganization is a balance of meeting the needs of the patient population and the SFDPH budget; she added that the previous program cost \$9M annually but had no revenue.

7) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

July 2014 - 2320 RN VACANCY RATE: (Ms. Dentoni distributed a report with a new format)

Professional Nursing for the Month of July 2014

Retention/Professional Development:

Training Program preparations are underway in multiple nursing areas where new hire RNs will be starting within the next month. These areas include the ED, Medical-Surgical Nursing, and Critical Care including unit 4B, the Progressive Care unit. Additionally, the Infant Care Center and Labor and Delivery are conducting RN interviews at this time.

In response to a CMS plan of correction, both preceptor and charge RN role descriptions and competencies are currently being updated in response to staff feedback. The development of preceptor selection and evaluation criteria is currently underway. The clinical educators are spearheading this process. Additionally, Nurse Managers are meeting August 22 to develop a standard Charge RN role description with defined competencies. A series of Charge RN discussions with role focused content are planned for the fall.

Emergency Department (ED) Data for the Month of July 2014

July | 2014

Diversion Rate: 45%

ED diversion – 257.59 hours (34.62%) + Trauma override 77.86 hours (10.47%)

ED Encounters

Total Patients: 5412

ED Admissions: 851

Patients Discharged: 4026

ED Admission Rate: 15%

SFGH JCC Minutes

August 26, 2014

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Psychiatric Emergency Service (PES) Data for the Month of July 2014

PES had 617 patient encounters during June 2014 and 596 in July 2014. PES admitted a total of 120 patients to SFGH inpatient psychiatric units in July, a decrease from 138 inpatient admissions in June. In July a total of 476 patients were discharged from PES: 28 to ADUs, 16 to other psychiatric hospitals, and 432 to community/home.

There was a decrease in Condition Red hours from June to July. PES was on Condition Red for 77.95 hours during 12 episodes in July. The average length of Condition Red was 6.5 hours. In June, PES was on Condition Red for 98.78 hours, during 13 episodes, averaging 7.75 hours.

The average length of stay in PES was 17.25 hours in the month of July. This was a small increase from the June LOS of 17.12 hours.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This could be because the referring hospital has decided to place the patient on their own psychiatric unit, or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between June and July, the percentage of which the patient was accepted and was admitted to PES decreased from 64% to 53%. The percentage of which the referral was accepted but cancelled increased from 6% to 19%. This month, 28% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests increased from 77 in June to 79 in July.

Commissioner Comments/Follow-Up:

Commissioner Singer asked that the Vacancy Rate report include information for actual positions and a comparison of the projections of budgeted positions. He stated that he appreciated the new format but the report needs to reflect current and accurate data.

8) MEDICAL STAFF REPORT

James Marks, M.D., Chief of Staff, gave the report.

ADMINISTRATION/LEADERSHIP:

MEC Session with Joint Commission Physician Surveyor

As part of the Joint Commission Triennial Survey, the physician surveyor, Dr. Donald David, (gastroenterologist from the City of Hope Hospital, Los Angeles) met with MEC members on July 17, 2014 to discuss the functions

of the Medical Executive Committee as a leadership body. Members highlighted performance improvement projects undertaken in their respective Clinical Services, as well as ongoing issues/challenges, such as EMR. Dr. David expressed his appreciation of the strong engagement of the medical staff in the hospital leadership.

CLINICAL SERVICE REPORTS:

Pediatrics Service

The 2012-2014 report included updates on the following:

- Clinical Services – Children’s Health Center (6M – Ambulatory Clinical Work), Infant Care Center (6H) and Inpatient Unit (6A).
- Organizational Structure - comparative 2013 and 2014 structures
- Faculty and Staff - Pediatric faculty is well-represented in the University leadership, and three of its faculty, (Anda Kuo, MD, Alma Martinez, MD, and Meg McNamara, MD) hold important leadership positions in the UCSF Academy of Medical Educators. Dr. Shannon Thyne received the 2014 Elliot Rapaport Award at the June SFGH Annual Medical Staff Dinner.
- Training Program- The report highlighted the expectations from faculty to participate in didactic conferences, clinical learning, and mentoring to support the Service’s educational program. Dr. Fuentes-Afflick informed members that the Pediatric Leadership for the Underserved Training Program recently had its 10th anniversary celebration.
- PIPS – Core measures include: Anemia Treatment, Tdap Immunization, 3rd Next Available Appointment. The Service also implemented several recommendations from Coleman Consultants who came in Spring 2014.
- Research –Areas of research include: Asthma, Development of Pulmonary Biology, Health disparities, and Neonatal Ethics.
- Finance – Collection Ratio, Revenue 2012-13, and Revenue 2013-14 statistics. Improvements in collection ratio have been noted in FY 2013-14.

Among the Service’s strengths are its integrated, high-functioning leadership team, “Deep bench” of talented faculty members, dedicated administrative staff, and stable finances. Dr. Fuentes-Afflick discussed challenges in the clinical area to include changes in MediCal reimbursement policies, space issues, and the number of deliveries. Personnel challenges include the departure of Dr. Shannon Thyne. The impact of the Benioff Children’s Hospital opening is still unclear. Dr. Fuentes-Afflick also discussed 2014-2015 goals including: Inpatient goals (increase deliveries and bolster critical care services), Outpatient goal (increase efficiency and satisfaction) and Academic goals (increase scholarly work, and identify a new Vice Chief).

Members thanked Dr. Fuentes-Afflick for her excellent report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if the Medical Staff Bylaw revisions are done to document current practices or to meet new regulations. Dr. Marks stated that many of the changes are made to meet current regulations.

Commissioner Sanchez stated that the Medical Staff Bylaw revisions continue to integrate practices within all Services of the hospital. Commend everyone.

Action Taken: The following were unanimously approved by the SFGH JCC:

- Appointment of Dr. Peter Muskat to the SFGH Medical Staff and as Service Chief of Surgery
- Amendments to the Medical Staff Bylaws
- Revised Combined Standardized Procedures for Community Primary Care
- Revisions to Combined Pediatrics Standardized Procedures
- Revised Pediatric Rules and Regulations

9) **PUBLIC COMMENT**

There was no public comment.

10) **CLOSED SESSION:**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

APPROVAL OF CLOSED SESSION MINUTES OF JULY 8, 2014

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT AND SAFETY REPORT AND PEER REVIEWS

CONSIDERATION OF RISK MANAGEMENT CASES

RECONVENE IN OPEN SESSION

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved the July, 2014 Closed Session minutes; the Performance Improvement and Patient Safety Report; and the August Credential Report. The Committee voted not to disclose other discussions held in closed session.

11) **ADJOURNMENT**

The meeting was adjourned at 5:29pm.

Edward A. Chow, M.D.
President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC
Commissioner

David Pating, M.D.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

David B. Singer
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Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION
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AGENDA

JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL

Tuesday, September 23, 2014

3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

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1) CALL TO ORDER

2) FOR DISCUSSION AND
POSSIBLE ACTION:

APPROVAL OF THE MINUTES OF THE AUGUST 26, 2014 SAN
FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE
COMMITTEE MEETING

**Minutes of the meeting of August 26, 2014*

3) FOR DISCUSSION AND
POSSIBLE ACTION:

QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS
(Troy Williams, Interim Chief Quality Officer)

- THE COMMITTEE WILL HEAR A SUMMARY OF THE MINUTES FROM THE AUGUST 19, 2014 QUALITY COUNCIL MEETING.
APPROVAL REQUESTED.
- THE COMMITTEE WILL RECEIVE THE SEPTEMBER 2014 REGULATORY AFFAIRS STATUS REPORT.

4) FOR DISCUSSION AND
POSSIBLE ACTION:

QUALITY MEASURES REPORT
(Sue Schwartz, Director of Performance Improvement)
THE COMMITTEE WILL HEAR AN UPDATE OF QUALITY AND SAFETY MEASURES/DATA FOR QUARTER 1 2014.

5) FOR DISCUSSION AND
POSSIBLE ACTION:

ACUTE PSYCHIATRY MEDI-CAL PLAN OF CORRECTION UPDATE
(Yvonne Lowe, SFGH Compliance Officer)

THE COMMITTEE WILL HEAR AN UPDATE OF THE ACUTE PSYCHIATRY MEDI-CAL PLAN OF CORRECTION.

- 6) **FOR DISCUSSION AND POSSIBLE ACTION:** **HUMAN RESOURCES UPDATE**
(Ron Weigelt, Director of Human Resources, DPH)
THE COMMITTEE WILL HEAR AN UPDATE OF SFGH AND DPH HUMAN RESOURCES ACTIVITIES.
- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Susan A. Currin, Chief Executive Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF ACTIVITIES AND OPERATIONS OF SFGH.
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, Interim Chief Nursing Officer)
THE COMMITTEE WILL HEAR A SUMMARY OF NURSING-RELATED INFORMATION AND DATA WHICH INCLUDES: EMERGENCY ROOM ADMISSION DATA; DIVERSION DATA; AND PSYCHIATRIC EMERGENCY SERVICES DATA.
- 9) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(James Marks, M.D., Chief of Staff)
THE COMMITTEE WILL HEAR A SUMMARY OF REPORTS THAT WERE PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON AUGUST 11, 2014 AND AUGUST 21, 2014. APPROVAL REQUESTED OF APPOINTMENT OF DR. BENJAMIN BREYER AS CHIEF OF THE UROLOGY SERVICE; REVISIONS TO TB WARNING LETTER AND BOARD CERTIFICATION REQUIREMENTS MEMO; REVISIONS TO THE MEDICINE/GASTROENTEROLOGY PRIVILEGE LIST, THE MEDICINE/POSITIVE HEALTH PRIVILEGE LIST AND THE MEDICINE/PULMONARY PRIVILEGE LIST; CHANGES TO STANDARDIZE PROCEDURES FOR THE COMBINED MEDICINE SP GI SECTION, THE FHC PEDIATRIC RN SECTION AND THE UROLOGY STANDARDIZED PROCEDURES FOR NP/AP.
- 10) **PUBLIC COMMENT**
AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMITTEE ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMITTEE FOR UP TO THREE MINUTES. THE BROWN ACT FORBIDS A COMMITTEE FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.

11) **CLOSED SESSION:**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 26, 2014

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(James Marks, M.D., Chief of Staff)

FOR DISCUSSION AND POSSIBLE ACTION: CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT AND SAFETY REPORT AND PEER REVIEWS
(Todd May, M.D., Chief Medical Officer, Troy Williams, Interim Chief Quality Officer)

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

12) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

*** A majority of the members of the Health Commission may be in attendance at this Committee meeting. However, there will be no discussion of or deliberations on any matter not on this Committee agenda. This matter is being noticed as a meeting of the full Commission in the event that a quorum is present under Sec. 67.3(b)(1) of the San Francisco Administrative Code.

Disability Access

Conference Room 7M30 is wheelchair accessible. It is located on the seventh floor of the Main Building, inside the 7M Suite. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the seventh floor and follow signage to Suite 7M. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Stanyan**, and **#48 Quintara-24th St.** For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org

Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov>

Edward A. Chow, M.D.
President

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**HEALTH COMMISSION
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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, September 23, 2014 3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30

San Francisco, CA 94110

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OCT 24 2014

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1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David B. Singer (left at 3:45pm)

Commissioner David Pating, MD

Excused: Commissioner David J. Sanchez, Jr., Ph.D.

Staff Present: Sue Currin, Roland Pickens, Ron Weigelt, Troy Williams, Yvonne Lowe, James Dilley, Mark Leary MD, Aiyana Johnson, Jay Kloo, Jim Marks MD, Todd May MD, Terry Dentoni, Iman Nazeeri-Simmons, Sue Carlisle MD, Anson Moon, Karen Hill, Elaine Lee, Jo Robinson, Chona Peralta, Kathy Jung, Julie Van Nostern, Dave Woods, Lillian Chan, Ana Sampera, Dan Schwager, Marcellina Ogbu, Sue Schwartz, Greg Wagner, William Huen MD, Mark Morewitz

The meeting was called to order at 3:03pm.

2) APPROVAL OF THE MINUTES OF THE AUGUST 26, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The SFGH JCC unanimously approved the minutes of the August 26, 2014 SFGH JCC meeting.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Troy Williams, Interim Chief Quality Officer, gave the report.

Commissioner Comments/Follow-Up:

Regarding the August 19, 2014 Quality Council Minutes, Performance Measures section on Interpreters, Commissioner Chow asked for additional information on the pilot interpreter orientation program. Ms. Johnson stated that the pilot of the interpreter orientation of patients in 5A was delayed. Commissioner Chow requested the addition of a column on the Quality Council Minutes to include information on follow-up activities.

Regarding the Quality Council Minutes, EOC Safety/Security Quarterly Report, Commissioner Singer asked for an update to changes made in this area. Mr. Williams stated that the Sheriff's Department is much more active in providing assistance regardless of whether a patient has an official "hold." In addition, Mr. Williams stated that the overall response to "Code Green" is more efficient and effective throughout the system. Ms. Dentoni added that Captain Ferrigno meets with nursing managers as issues arise. Ms. Currin stated that SFDPH Administration has worked with the Sheriff's Department on a corrective action plan. Commissioner Singer noted that the improvements made in security indicate that effective and timely changes can be made with the City bureaucracy.

Regarding the September 2014 Regulatory Affairs Status Report, Plans of Corrections Section, Implementation of Policy and Procedure: 1.09 Patient Tracking System (AeroScout), Commissioner Singer asked if the AeroScout system will be in place in the new hospital building when it opens. Ms. Dentoni stated that the system will be installed in the new building and trainings have already begun with staff.

Regarding the September 2014 Regulatory Affairs Status Report, Plans of Corrections Section, California Department of Public Health Plan of Correction: Unexpected Death in SFGH ED (2012), Commissioner Chow asked if the rise in diversion rates is related to this issue. Ms. Currin stated that in part, it is due to the SFGH ED Observation Unit not being used to capacity because not all staff have been trained; in addition the SFGH census has been higher.

Commissioner Pating commended SFGH for passing the Joint Commission Survey without major findings.

Action Taken: The SFGH JCC accepted and approved the Quality Council Minutes.

4) QUALITY MEASURES REPORT

Sue Schwartz, Director of Performance Improvement, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Singer asked if there is another more stringent dataset to use for comparison besides the University HealthSystem Consortium (UHC) data. Ms. Schwartz stated that the UHC data is stringent and generally appropriate for SFGH to use in comparisons; for specific other measures such as elective deliveries and c-sections, SFGH could use non-safety net hospitals for comparison.

Commissioner Chow noted that SFGH achieved enormous growth in its Sepsis prevention rates and asked for additional information on how SFGH achieved success on this measure in a relatively short time. Ms. Nazeeri-Simmons stated that SFGH clinical leadership was engaged in a cultural change effort while implementing relevant activities to improve this measure. Ms. Dentoni stated that screening began at the ED before patients were admitted. Mr. Pickens stated that the challenge now

is to take lessons learned from the SFGH process and apply them throughout the San Francisco Health Network; he added that data was key to drive the quality improvements.

5) ACUTE PSYCHIATRY MEDI-CAL PLAN OF CORRECTION UPDATE

Yvonne Lowe, SFGH Compliance Officer, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Pating asked if the issue is service quality or billing issues. Ms. Lowe stated that the issue regarding this item is primarily billing-related.

Commissioner Chow asked when the last two Medi-Cal audits were completed. Ms. Lowe responded that the last two audits were completed in 2008 and 2011.

Commissioner Pating commended SFGH for training staff in standards and conducting audits; he noted that continuous training and auditing is vital for success with so many students, interns and staff moving through the unit. Ms. Lowe stated that a utilization management tool was developed which reviews each administrative day to ensure proper documentation is in place. Dr. Dilley noted that there are multiple checks and balances in place at this time.

Commissioner Chow asked for clarification on the plan for these processes to become routine within the unit. Ms. Currin stated that utilization management has been centralized and consolidated so there is much more consistency of the chart reviews. Ms. Peralta stated that if there is any quarter in which the data shows that more training is needed, the audits will revert to monthly audits rather than quarterly.

6) HUMAN RESOURCES UPDATE

Ron Weigelt, Director of Human Resources, DPH, gave the update.

Public Comment:

Dan Merer, SFGH ED Nurse, stated that SFGH is doing a great job getting trainees but it still takes a very long time to hire them. He added that SFGH is not able to hire experienced nurses because of the slow hiring process; he recommended starting experienced nurses at higher "steps."

Commissioner Comments/Follow-Up:

Commissioner Singer stated that he viewed the link showing the HR Lean report out and thought the work was incredible. He challenged the SFDPH HR to shorten the process to 60 days by January, 2015 instead of the two to five year timeline currently proposed.

Commissioner Pating asked if there is an emergency procedure in place which enables quick hires for special situations. Mr. Weigelt stated that for non-nursing staff, temporary administration project staff may be hired when needed; in addition P103 temporary nursing positions can also be used when nursing positions are needed.

7) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

Upcoming Changes at the SFBHC San Francisco General Hospital (SFGH) submitted a formal written

request to The California Department of Public Health (CA DPH) to permanently remove the fifty nine (59) skilled nursing beds located on the second floor of the Behavioral Health Center (SFBHC) from its license. The beds were placed in suspension in August 2013. The organization is now waiting for an official response from CA DPH to this request.

The San Francisco Department of Public Health, in collaboration with SFGH and Community Behavioral Health Services (CBHS) has recently been approved to open a new Residential Care for the Elderly program, to be located on the second floor of the SFBHC. This program will provide stable housing, care and supervision for the chronic mentally ill clients who are residents of San Francisco and who are over the age of 60. This program is licensed by the California Department of Social Services.

2. SFGH Recognized for Reduction in Harm Events The America's Essential Hospitals (formerly NAPH) Engagement Network (EHEN) completed their third SFGH site visit on September 10, 2014. It was another very positive visit with this organization. Since July 2012, SFGH has had 138 fewer harm events than expected based on the performance of all EHEN participants.

This positively affected our patients and contributed significantly to our financial bottom line. It is estimated that the fewer incidents of harm saved SFGH \$1,960,200. In addition, SFGH was provided with a monetary incentive of \$14,000 for our efforts in reducing these hospital acquired conditions.

SFGH is sending 10 staff members to the America's Essential Hospital Sustainability Summit in Chicago on November 10, 2014. It will be the first time in three years all the EHEN's participants will meet together to work on strategies to sustain the gains that have been made.

Reducing Fire Risk Behind the SFBHC In response to multiple fires started in the homeless encampment area (area belongs to Caltrans) behind the San Francisco Behavioral Center, San Francisco General Hospital has partnered with the San Francisco Sheriff's Department (SFSD), the California Department of Transportation (Caltrans), The San Francisco Fire Department (SFFD), and the DPH Homeless Outreach Team (SFHOT) in taking proactive efforts to reduce the occurrences of these incidents. Efforts include:

- Caltrans regularly cleaning up the area
- Repairing existing fence -existing fence is not adequate, looking at new, higher/stronger fence
- SFHOT, with SFSD support, doing walk-throughs of the area at night (escorted by Sheriffs), referring those in the encampment to services
- Removal of trees – exploring with Caltrans the possibility of removing some of the trees
- Lighting – SFGH exploring the possibility of installing lights on SFGH property to deter campers at night and to improve safety for the Sheriff's staff who now routinely patrol the area

Hospital Safety and Security Improvements Update A table listing key findings, recommendations and improvements to date related to hospital safety and security is attached. The listing is a compilation of findings and recommendations from the Center of Medicare and Medicaid Services Validation Survey (October 2013) the University of California, San Francisco Independent Review (March 2014) and the San Francisco Sheriff's Department Corrective Action Plan (November 2013).

Patient Flow Reports for August 2014 A series of charts depicting changes in the average daily census is attached to the original minutes of the September 23, 2014 SFGH JCC meeting.

Salary Variance to Budget by Pay Period Report A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached to the original minutes of the September 23, 2014 SFGH JCC meeting.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for more information on the changes to the Behavioral Health Center building. Ms. Currin stated that the City will need to request that OSHPD relinquish its oversight of the building so that the building can be used for residential beds.

Commissioner Chow asked if the change in use of the building will impact the city-wide shortage of SNF beds. Mr. Pickens stated that the reuse of the building will assist the SF Network in saving costs associated with placing clients/patients out of the county.

Commissioner Chow stated that the building was built to provide mental health services. Ms. Currin stated that 30 medical short-term SNF beds will be maintained.

8) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

August 2014 - 2320 RN VACANCY RATE: A report is attached to the original minutes of the 9/23/14 SFGH JCC meeting.

Professional Nursing for the Month of August 2014

Nursing Excellence:

SFGH has been recognized by America's Essential Hospitals Engagement Network for outstanding performance over the last two years. SFGH has a multi-disciplinary taskforce overseeing 11 Hospital Acquired Conditions (HAC) and since July 2012 we have seen the following reductions:

- 2 less central line infections
- 25 less surgical site infections
- 38 less C.difficile Infections
- 8 less falls resulting in trauma
- 51 less hospital acquired pressure ulcers
- 4 less incidents of episiotomies
- 16 less admission within 30 days

During our America's Essential Hospitals Engagement Network site visit on September 10, 2014, SFGH was awarded a monetary award of \$14,000 for our efforts. We prevented 144 patients from acquiring a HAC which resulted in an estimated savings to the hospital of \$1,960,200.

Retention/Professional Development:

A Preceptor Training class for new preceptors was held in August. The SFGH Nurse Managers from both the inpatient and outpatient nursing areas met to describe and define the role of the Charge RN. A draft document was created which describes Charge RN functions throughout SFGH and Primary Care. The document will be utilized in two upcoming Charge RN classes focusing on development and clarification of the role in every clinical area and on the professional development of the individuals in the role focusing on management and leadership skills. Charge RNs in the perinatal area will be the first group to experience the new curriculum in October.

SFGH is working with Jewish Vocational Services to support nurse leaders, specifically Charge RNs and Managers, in the transition to building 25. Planning is underway for JVS to offer support in change management, team building, communication and conflict resolution. Trainings are being planned for the end of 2014.

Emergency Department (ED) Data for the Month of August 2014

August | 2014

Diversion Rate: 48%

ED diversion – 323.99 hours (43.55%) + Trauma override 31.11 hours (4.18%)

ED Encounters

Total Patients: 5445

ED Admissions: 884

Patients Discharged: 4124

ED Admission Rate: 16%

Psychiatric Emergency Service (PES) Data for the Month of August 2014

PES had 596 patient encounters during July 2014 and 584 in August 2014. PES admitted a total of 127 patients to SFGH inpatient psychiatric units in August, an increase from 120 inpatient admissions in July. In August a total of 457 patients were discharged from PES: 35 to ADUs, 20 to other psychiatric hospitals, and 402 to community/home.

There was an increase in Condition Red hours from July to August. PES was on Condition Red for 182.65 hours during 24 episodes in August. The average length of Condition Red was 7.61 hours. In July, PES was on Condition Red for 77.95 hours, during 12 episodes, averaging 6.5 hours. This increase can be attributed to larger “surges” in PES intakes than usual.

The average length of stay in PES was 19.58 hours in the month of August. This was an increase from the July LOS of 17.25 hours.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This could be because the referring hospital has decided to place the patient on their own psychiatric unit, or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between July and August, the percentage of which the patient was accepted and was admitted to PES increased from 53% to 58%. The percentage of which the referral was accepted but cancelled remained unchanged from July's 19%. This month, 23% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests increased from 79 in July to 93 in August.

Commissioner Comments/Follow-Up:

Commissioner Chow asked that future reports include trend data. He also requested information on hiring goals for the new hospital building at a future SFGH JCC meeting within the next three months.

Commissioner Chow asked the meaning of the term "Utilized FTEs." Ms. Dentoni stated that the term refers to the actual number of FTEs used in the unit compared to the budgeted FTES for the unit.

Commissioner Chow asked if there has been any feedback from the Hospital Council on the rise in diversion rates during the last several months. Ms. Currin stated that the issue has been repatriating SF Health Network patients who are at other hospitals.

Commissioner Pating asked if the diversion rates are related to the paramedics' slow pace. Ms. Currin stated that regardless of being on diversion, SFGH continues to receive the same number of ambulances; Ms. Dentoni added that when on diversion, SFGH continues to receive STEMI, trauma, stroke, and OB emergencies and walk-in patients. Dr. May stated that overcrowding in Zone 1 of the ED is often a reason for SFGH diversion.

Commissioner Pating asked what happens city-wide when SFGH goes on diversion. Ms. Currin stated that usually each of the other hospitals goes on diversion too.

Commissioner Chow asked if the ambulance destination policy has been revised. Ms. Currin stated that this policy has not been revised.

9) MEDICAL STAFF REPORT

James Marks, M.D., Chief of Staff, gave the report.

ADMINISTRATION/LEADERSHIP:

Infection Control Ebola Update – An email was sent out to hospital staff on August 11, 2014 regarding SFGH-specific Information for managing suspect Ebola Hemorrhagic Fever (aka Ebola Virus Disease – EVD) patients and specimens, and the SFDPH Ebola Health Advisory. In an effort to reduce any confusion or questions around the recent SFDPH, CDPH and CDC alerts/updates for suspect EVD patients Infection Prevention and Control has taken the most recent guidance provided by the Director, Communicable Disease Control & Prevention at SFDPH and tailored it to SFGH. The SFGH specific guidelines provide staff with the contact information at SFGH departments: IC for isolation questions and assistance in communicating with SFDPH if necessary, and Microbiology Lab for

specimen collection inquiries. Members are asked to distribute the guidelines to all staff and faculty, highlighting the key elements of isolation, contact and droplet (e.g. splashes) precautions. Dr. Fiebig informed members that the Laboratory Medicine has specific guidelines in handling specimens of suspect Ebola Patients, and asked that providers who are considering sending specimens of suspect ebola patients to immediately contact him or Dr. Barbara Haller to coordinate and ensure that all necessary precautions are taken.

Medical Staff Engagement in the New Hospital Transition Planning – Members were asked to participate in the series of Workflow Design Workshops (a major component of Lean Management System), where multidisciplinary teams come together to innovate and create simulations of optimized workflow for the new building. Members are also encouraged to participate in the Transition Steering Committee which meets once a month, every Thursday to discuss the transition of services to the new hospital. MEC members were reminded that physician engagement is a critical element to the success of all planning activities for the new hospital. Members requested improved communication regarding rebuild updates, including regular email communications and bulletin board updates.

ID Badge “Buddy” By Role and Face Card Initiative

MEC members were updated on the status of the ID Badge Buddy, a best practice that came out of Kaiser. The goal is to help patients easily identify the roles of those caring for them. The ID Badge Buddy will be used for all licensed staff, with color coding and lay terms used. MEC also reviewed the new Face Card Initiative, which will create a single standard face card for hospital wide distribution. Face cards will be used as a tool to remedy problems with physician identification, and improve communication between patients and physicians. Members agreed that only the following core elements should be included in the face card: picture, practice, contact information, language spoken. Providers will have the option to add other information for their own personal cards. Members recommended that the Patient Care Experience Team work closely with the UCSF GME office regarding the use of a single card for a resident across all campuses.

CLINICAL SERVICE REPORTS:

None

Commissioner Comments/Follow-Up:

Commissioner Chow asked if have been any Ebola cases in San Francisco. Dr. Marks stated that there have been no patients diagnosed with Ebola in San Francisco.

Regarding the revisions to the Medical Staff Bylaws, Commissioner Chow suggested that on page 42, the term “semi-annual” should replace “bi-annual” in regard to mid-level practitioners. He also suggested that on page 47, the number of EGDs needed during the initial proctoring period should be 15, not 150.

Action Taken: The following were unanimously approved by the SFGH JCC:

- APPOINTMENT OF DR. BENJAMIN BREYER AS CHIEF OF THE UROLOGY SERVICE
- REVISIONS TO TB WARNING LETTER
- BOARD CERTIFICATION REQUIREMENTS MEMO
- REVISIONS TO THE MEDICINE/GASTROENTEROLOGY PRIVILEGE LIST

- REVISIONS TO THE MEDICINE/POSITIVE HEALTH PRIVILEGE LIST
- REVISIONS TO THE MEDICINE/PULMONARY PRIVILEGE LIST;
- CHANGES TO STANDARDIZE PROCEDURES FOR THE COMBINED MEDICINE SP GI SECTION
- CHANGES TO THE STANDARDIZED PROCEDURES FOR THE FHC PEDIATRIC RN PROTOCOLS
- UROLOGY STANDARDIZED PROCEDURES FOR NP/AP

10) PUBLIC COMMENT

There was no general public comment.

11) CLOSED SESSION:

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 26, 2014

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT AND SAFETY REPORT AND PEER REVIEWS

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

Action Taken: The Committee approved the August, 2014 Closed Session minutes; the Performance Improvement and Patient Safety Report, and the September Credentials Report. The Committee voted not to disclose other discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 6:20pm

Edward A. Chow, M.D.
President

David B. Singer
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC.
Commissioner

David Pating, M.D.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, October 28, 2014

3:00 p.m.

1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

10-24-14POT:26 RCVD

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Commissioner Edward A. Chow, M.D., Chair

Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner David B. Singer

COMMITTEES OF THE HEALTH COMMISSION CONSIST OF THREE MEMBERS OF THE COMMISSION. IF A QUORUM OF THE HEALTH COMMISSION IS PRESENT, IT CONSTITUTES A SPECIAL MEETING OF THE COMMISSION. IF ADDITIONAL COMMISSIONERS ATTEND THE MEETING OF A COMMITTEE CREATING A QUORUM OF THE FULL HEALTH COMMISSION, THEY MAY PARTICIPATE IN THE DISCUSSION ON AN ITEM ON THE AGENDA BUT MAY NOT VOTE WITH THE MEMBERS OF THE COMMITTEE. THE COMMITTEE'S RECOMMENDATIONS SHALL BE REPORTED TO THE FULL HEALTH COMMISSION FOR DISCUSSION AND POSSIBLE ACTION. THE HEALTH COMMISSION SECRETARY SHALL MAKE A NOTE OF THE PRESENCE OF THE ADDITIONAL COMMISSIONERS IN THE MINUTES, AND DISCUSSION SHALL BE LIMITED TO ITEMS NOTICED ON THIS AGENDA

1) CALL TO ORDER

2) FOR DISCUSSION AND POSSIBLE ACTION:

APPROVAL OF THE MINUTES OF THE SEPTEMBER 23, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

**Minutes of the meeting of September 23, 2014*

3) FOR DISCUSSION AND POSSIBLE ACTION:

QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS (Troy Williams, Interim Chief Quality Officer)

- THE COMMITTEE WILL HEAR A SUMMARY OF THE MINUTES FROM THE SEPTEMBER 16, 2014 QUALITY COUNCIL MEETING.
 - Policy 8.09 Hospital Plan for Provision of Patient Care
 - Policy 17.01 Performance Improvement and Patient Safety Program (PIPS)

APPROVAL REQUESTED.

- THE COMMITTEE WILL RECEIVE THE OCTOBER 2014 REGULATORY AFFAIRS STATUS REPORT.

4) **FOR DISCUSSION AND**

POSSIBLE ACTION:

DRAFT SFGH 2013-2014 ANNUAL REPORT

(Anson Moon, Director of Administrative Operations)

THE COMMITTEE WILL RECEIVE A DRAFT OF THE SFGH 2013-2014 ANNUAL REPORT.

5) **FOR DISCUSSION AND**

POSSIBLE ACTION:

ENVIRONMENT OF CARE ANNUAL REPORT

(Kathy Jung, Hospital Associate Administrator)

THE COMMITTEE WILL HEAR A SUMMARY OF THE SFGH ENVIRONMENT OF CARE REPORT FOR FISCAL YEAR 2013-2014. THE REPORT OUTLINES PROGRESS AND IMPEDIMENTS IN THE SIX AREAS OF THE EOC PROGRAM AND THE HOSPITAL'S PREPAREDNESS FOR EMERGENCY RESPONSE. APPROVAL REQUESTED.

6) **DISCUSSION AND**

POSSIBLE ACTION:

HOSPITAL REBUILD AND TRANSITION UPDATE

(Terry Saltz, Mark Primeau, Ron Alameida, Lillian Chan)

THE COMMITTEE WILL HEAR AN UPDATE OF THE SFGH REBUILD PROJECT AND THE TRANSITION PROJECT.

7) **FOR DISCUSSION AND**

POSSIBLE ACTION:

HOSPITAL ADMINISTRATOR'S REPORT

(Susan A. Currin, Chief Executive Officer)

THE COMMITTEE WILL HEAR A SUMMARY OF ACTIVITIES AND OPERATIONS OF SFGH.

8) **FOR DISCUSSION AND**

POSSIBLE ACTION:

PATIENT CARE SERVICES REPORT

(Terry Dentoni, Interim Chief Nursing Officer)

THE COMMITTEE WILL HEAR A SUMMARY OF NURSING-RELATED INFORMATION AND DATA WHICH INCLUDES: EMERGENCY ROOM ADMISSION DATA; DIVERSION DATA; AND PSYCHIATRIC EMERGENCY SERVICES DATA.

9) **FOR DISCUSSION AND**

POSSIBLE ACTION:

MEDICAL STAFF REPORT

(James Marks, M.D., Chief of Staff)

THE COMMITTEE WILL HEAR A SUMMARY OF REPORTS THAT WERE PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON SEPTEMBER 8, 2014 AND SEPTEMBER 18, 2014. APPROVAL REQUESTED FOR UPDATED STANDARDIZE PROCEDURES FOR CLINICAL PHARMACIST, THE UPDATED RULES AND REGULATIONS FOR LABORATORY MEDICINE, THE LIST OF REFERENCE LABORATORIES FOR LABORATORY TESTS, AND THE LIST OF SFGH CLINICAL LABORATORY CRITICAL VALUES.

10) **PUBLIC COMMENT**

AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMITTEE ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMITTEE FOR UP TO THREE MINUTES. THE BROWN ACT FORBIDS A COMMITTEE FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.

11) **CLOSED SESSION:**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)

- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 23, 2014

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(James Marks, M.D., Chief of Staff)

FOR DISCUSSION AND POSSIBLE ACTION: CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT AND SAFETY REPORT AND PEER REVIEWS
(Todd May, M.D., Chief Medical Officer, Troy Williams, Interim Chief Quality Officer)

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

12) ADJOURNMENT

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

Disability Access

Conference Room 7M30 is wheelchair accessible. It is located on the seventh floor of the Main Building, inside the 7M Suite. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the seventh floor and follow signage to Suite 7M. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines #9 San Bruno, #9X San Bruno Express, #19 Polk (stops 2 blocks away), #33 Stanyan, and #48 Quintara-24th St. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at soth@sfgov.org

Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov>

Edward A. Chow, M.D.
President

David B. Singer
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC.
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David Pating, M.D
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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, October 28, 2014 3:00 p.m.

**1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.

Excused: Commissioner David B. Singer

Staff: Barbara Garcia, Sue Currin, Iman Nazeeri-Simmons, Terry Dentoni, Todd May, Jay Kloo, Jeff Critchfield MD, Shermineh Jafarieh, Kathy Jung, Ron Weigelt, Basic Price, Troy Williams, Roland Pickens, Reginald Hortinela, Lann Wilder, Ken Ferrigno, Karen Hill, Nader Hammond, Maxwell Bunuan, Ron Alameida, Dave Woods, Dan Schwager, Terry Saltz, Marcellina Ogbu, Aiyana Johnson, Anson Moon, Mark Morewitz.

The meeting was called to order at 3:04pm.

2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 23, 2014 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the minutes of the September 23, 2014 SFGH JCC meeting.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Troy Williams, Chief Quality Officer, gave the update.

SFGH JCC Minutes

October 28, 2014

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Commissioner Comments/Follow-Up:

Commissioner Chow asked if patients who do not share their pain level with SFGH staff pose an obstacle to meeting quality measures. Mr. Williams stated that because some patients do not share their pain level when asked, SFGH staff are not able to better help them with their pain. He added that efforts to educate patients on the importance of sharing their pain level are underway.

Regarding the Regulatory Affairs Report, "California Department of Health Care Services (DHCS) MediCal Audit: Acute Psychiatry Plan of Correction," Commissioner Chow asked if the Psychiatry chart review global error rate of 2% meets the goal of the plan of correction. Dr. May stated that the goal was to achieve less than a 4% error rate.

Action Taken: The Committee approved the Quality Management Report and recommended that the full Health Commission approve the following:

- *Policy 8.09 Hospital Plan for Provision of Patient Care*
- *Policy 17.01 Performance Improvement and Patient Safety Program (PIPS)*

4) DRAFT SFGH 2013-2014 ANNUAL REPORT

Anson Moon, Director of Administrative Operations, reviewed the draft report.

Commissioner Comments/Follow-Up:

Commissioner Chow made the following comments about the draft report:

- Use the term "budgeted" beds instead of "physical" beds on page 8.
- Use the term "skilled nursing" instead of "non-acute" on page 9.
- Organize the research articles together on page 12.

Commissioner Sanchez congratulated SFGH on an excellent draft report.

5) ENVIRONMENT OF CARE ANNUAL REPORT

Kathy Jung, Hospital Associate Administrator, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on whether the security data shows improvement. Captain Ferrigno stated that there is improved documentation and a new database for tracking issues. Ms. Currin stated that the database was developed as a temporary solution; a more robust software package will be needed to ensure the most effective coordination and communication between SFGH and the Sheriff's Department.

Commissioner Chow requested that the prepared presentation be given on the accomplishments and challenges of each section in addition to next steps.

Action Taken: The Committee recommended that the full Health Commission approve the report.

6) HOSPITAL REBUILD AND TRANSITION UPDATE

Terry Saltz, Mark Primeau, Ron Alameida, and Lillian Chan, gave the update.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if the project is funded through the end-target date. Mr. Wagner stated that the rebuild effort is funded through the end of the project.

Commissioner Chow requested that the full Health Commission SFGH Annual update should include a transition and rebuild update.

7) HOSPITAL ADMINISTRATOR'S REPORT

Susan A. Currin, Chief Executive Officer, gave the report.

SFGH's Response to Ebola

The recent transmission of the Ebola virus to health care workers in Dallas has created considerable concern in the medical community locally and across the nation. Fortunately, we know of no cases of Ebola here in the Bay Area to date. San Francisco General Hospital (SFGH), however, is preparing for the potential arrival of this disease in our community and at SFGH. We are working closely with the San Francisco Department of Public Health, San Francisco Hospital Council, the California Department of Public Health, and the Centers for Disease Control and Prevention to define best practices and coordinate a community wide plan.

Some of the steps taken are:

- Created an Ebola Task Force consisting of the Infection Control Director Lisa Winston and three front line clinical leaders: Malini Singh from the ED, Antonio Gomez from Critical Care, and Marc Steurer from Anesthesia. These individuals are working alongside Administration, Medical Staff, and Nursing leaders to refine and implement our Ebola plan. The team is meeting daily.
- The Task Force is reviewing, evaluating, and acquiring the necessary Personal Protective Equipment (PPE) that will provide our staff with the best known protection.
- We are creating a small cadre of providers who will conduct drills and simulate care for patients with suspected Ebola infection. These providers then will train others in procedures and practices that best ensure staff safety.
- We are establishing and implementing a rapid transition path from triage in the ED and the outpatient clinics to admission to a designated area of the hospital for further care for persons with suspected Ebola infection.
- Unit 5B has been identified as the isolation unit should a suspected Ebola patient present to SFGH. Patients with suspected Ebola admitted to 5B will be cared for by ICU staff.
- All care teams will be staffed with a trained expert to monitor and coach proper PPE application and removal, which are vulnerable points for transmission of the virus.
- Our knowledge and response to this threat is evolving rapidly. We are providing daily updates to staff holding weekly Town Hall meetings.

Permanent Chief Quality Officer

I am pleased to announce Troy Williams RN, MSN, has accepted the permanent position of Chief Quality Officer at San Francisco General Hospital and Trauma Center. Troy Williams has been with the San Francisco General Hospital for 19 years. He served as the Nurse Manager of Psychiatric Emergency Services, Director of Risk Management, and Interim Chief Quality Officer for the past year.

Sue Currin, Course Presenter for ACS Surgeon Leadership Course

The 2014 Clinical Congress of the American College of Surgeons (ACS) convened October 26–30 in San Francisco, California. The ACS and the Armstrong Institute for Patient Safety and Quality piloted a one day surgeon leadership course during this convention, of which SFGH CEO, Sue Currin, was a course presenter. The goal of this course was to provide an introduction to quality improvement and data review, present engagement strategies and quality improvement models and discuss strategies for barriers. First steps for initiating quality improvement in a surgeons practice or hospital were also be emphasized.

Appointment of Mr. Basil Price, DPH Security Manager

I'm so pleased to announce the appointment of Mr. Basil Price to the role of Security Manager for the Department of Public Health. Mr. Price comes to DPH from Kaiser Permanente, East Bay where he was the Director of Security, Parking and Transportation since 2005. Mr. Price brings with him many years of security management experience and is very knowledgeable regarding Joint Commission standards as well as other federal, state and local regulations.

Mr. Price will be a member of the SFGH Executive Leadership Team and will actively participate on numerous other hospital committees relating to our security program. We look forward to working with Mr. Price in his new role.

SFGH Pharmacy and Respiratory Therapy Staff Highlight Vital Role in Improving Patient Safety

Last week was National Hospital and Health System Pharmacy Week and National Respiratory Care Week. The two departments, Pharmacy and Respiratory Care, working together, set up a Jeopardy game in the back of the Cafeteria on Asthma and COPD and had brochures and information handouts. They had placebo inhalers for people to practice with and counseled them on their use.

Pharmacy staff at SFGH, Laguna Honda and Community Behavioral Health Services used the National Hospital and Health-System Pharmacy Week to underscore the many new and vital roles they now play in patient care. The evolution has been especially dramatic in recent years as pharmacists have moved beyond compounding and dispensing medications to become vital members of multidisciplinary patient-care teams. Pharmacists have been able to take on enhanced patient-care roles because of a number of factors, including the deployment of highly trained, certified technicians and new technologies that displace medications.

2014 Silver SPUR Award Luncheon

The 2014 Silver Spur Award Luncheon will take place on November 18, 2014. The event is sponsored by the San Francisco Section of the Hospital Council of Northern and Central California and will include a presentation on the 2014 San Francisco Health Sector Impact Report.

Lean Activity Update – September – October 2014

Value Streams

3M Surgical Clinic

- Implemented eCW
- Conducting workflow analysis (product quantity analysis) to inform clinic appointment scheduling

Urgent Care Center

- held a second Value Stream Mapping workshop on September 22-26 which focused on linking patients with services throughout the SF Health Network
- preparing for improvement work to test and implement an appointment scheduling system

Operating Room

- launched new electronic system – Surgical Information System (SIS) in early October
- preparing for a workplace organization and patient and staff flow improvement workshops in November

Radiology

- designing and testing an appointment scheduling template for Outpatient MRI appointments

Outpatient Pharmacy

- coaching and auditing standard work for Pharmacist roles, including a Flow Manager role to address day-to-day prescription issues

Human Resources

- Developed standard communication for New Hires to receive electronically
- Created a website to streamline Appointment Processing – informational forms available for review online (outside of the DPH firewall)
- Working toward co-locating services to further streamline the tail-end of the value stream map (referral issued to orientation date, currently 40 day cycle time)

3P Workflow for Building 25

Inpatient Services (Medical/Surgical and Maternal and Child Services)

- Testing and simulating care team roles (flow facilitation nurse) to address patient flow, including admissions, discharges, and changes in acuity to reduce patient transport and bring services to the patient's bedside
- Developing a nursing care model for Maternal and Child Services taking into account mother, child, and dyad (mother-baby) needs pre and post-partum

Surgical and Procedural Services

- Conducted instrumentation set optimization assessment to include recommendations for sterile processing workflow improvements
- Preparing for staff and patient flow improvement workshop

Emergency Services

- Successfully completed a 5S workplace organization workshop of an exam room, nurse station, medication room, and a resuscitation room
- Preparing for a provider workflow workshop in November

Hospital Safety and Security Improvements Update

A table listing key findings, recommendations and improvements to date related to hospital safety and security is attached. The listing is a compilation of findings and recommendations from the Center of Medicare and Medicaid Services Validation Survey (October 2013) the University of California, San Francisco Independent Review (March 2014) and the San Francisco Sheriff's Department Corrective Action Plan (November 2013).

Patient Flow Reports for September 2014

A series of charts depicting changes in the average daily census is attached to the original minutes of the 10/28/14 SFGH JCC meeting.

Salary Variance to Budget by Pay Period Report

A graph depicting SFGH's salary variance between actual and budgeted by pay period is attached to the original minutes of the 10/28/14 SFGH JCC meeting.

Commissioner Comments/Follow-Up:

No comments were made during this report.

8) PATIENT CARE SERVICES REPORT

Terry Dentoni, Interim Chief Nursing Officer, gave the report.

September 2014 - 2320 RN VACANCY RATE: three graphs depicting SFGH nursing vacancy rate is attached to the original minutes of the 10/28/14 SFGH JCC meeting.

Professional Nursing for the Month of September 2014

Nursing Excellence:

The annual Research Days conference hosted by the UCSF Center for Research and Innovation will be October 21 & 22 in South San Francisco. SFGH nurses will give five presentations (four poster and one podium):

- Screening for Delirium on a Progressive Care Unit: Melissa Keller
- Pain Management Plan Satisfaction through Patient-Nurse Communication: Susana Cayturo
- Implementation of a HRSA Sponsored Patient Satisfaction at a Federally Qualified Health Center: Ricardo Ballin
- Cardiac Medication Education: Implementing Medication Resources for Nurses and Patients on a Med/Surg Telemetry Unit: Meghan Brown
- Nurse -led Complex Care Management for Low-Income Patients with Multiple Co-Morbidities: Fern Ebeling

Retention/Professional Development:

The four Nursing shared governance councils, Practice, Quality and Safety, Research and Professional Development will join together to hold a monthly joint meeting with all council members in attendance. Over the next year, these joint meetings will focus on the transition to the new hospital building and the role of council members in the preparatory work to be completed prior to the move.

Two Charge RN development days will be held in October and November for the Perinatal Charge RNs of 6C and 6H. The first class will be held on October 22 and will focus on clarification of the duties of the charge RN and how to support staff RNs in this complex role. This class will serve as a pilot to be offered throughout Nursing Services in 2015.

Planning has continued with Jewish Vocational Services (JVS) for a nursing leadership workshop focusing on change management, team building and conflict resolution. The current healthcare environment involves constant change. With the transition to building 25 next year, managers and charge RNs are navigating their own change experiences and coaching and assisting staff to deal with the upcoming changes. JVS will train 140 nursing staff in late November and early December.

An experienced preceptor training day is scheduled in November for RN preceptors throughout Nursing.

Emergency Department (ED) Data for the Month of September 2014

September | 2014

Diversion Rate: 46%

ED diversion – 257.27 hours (37%) + Trauma override 77 hours (11%)

ED Encounters

Total Patients: 5445

ED Admissions: 854

Patients Discharged: 4157

ED Admission Rate: 16%

Psychiatric Emergency Service (PES) Data for the Month of September 2014

PES had 584 patient encounters in August 2014 and 576 in September 2014. PES admitted a total of 130 patients to SFGH inpatient psychiatric units in September, an increase from 127 inpatient admissions in August. In September a total of 446 patients were discharged from PES: 40 to ADUs, 16 to other psychiatric hospitals, and 390 to community/home.

There was a decrease in Condition Red hours from August to September. PES was on Condition Red for 111.47 hours during 21 episodes in September. The average length of Condition Red was 5.31 hours. In August, PES was on Condition Red for 182.65 hours, during 24 episodes, averaging 7.61 hours.

The average length of stay in PES was 18.12 hours in the month of September. This was a decrease from the August LOS of 19.58 hours.

Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are admitted to the unit.

Accepted and Cancelled Referrals refer to patients that have been approved for admission by PES, but their transfer is cancelled by the referring facility. This could be because the referring hospital has decided to place the patient on their own psychiatric unit, or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for further PES evaluation and placement.

Common reasons for declining transfer of a patient from a referring hospital are medical status (not medically cleared at the time of screening) and insurance status (e.g., private insurance or out of county Medi-Cal).

PES referral data above suggest that timeliness and appropriateness of inter-facility transfers are being achieved. Of referrals between August and September, the percentage of which the patient was accepted and was admitted to PES stayed steady at 58%. The percentage of which the referral was accepted but cancelled decreased from 19% in August to 17% in September. This month, 25% of the referrals were considered to be inappropriate. These included medically unstable patients, and those with private or out of county insurance. The number of requests decreased from 93 in August to 84 in September.

Commissioner Comments/Follow-Up:

Commissioner Chow noted that the report shows that despite diversion rates, the SFGH is caring for more patients in its Emergency Department. Ms. Dentoni stated that the diversion rate does not reduce the workload due to trauma patients and patients that walk in.

Commissioner Chow suggested that the interfacility transfer data be reported semi-annually instead of monthly.

Director Garcia suggested that the SFDPH Human Resource Director, Ron Weigelt, report hiring data in the future.

9) MEDICAL STAFF REPORT

James Marks, M.D., Chief of Staff, gave the report.

MEDIA/PRESS RELEASES

- SF Examiner – The new SFGH Trauma Center was featured in the August 27, 2014 edition of “The Examiner”. The article highlighted the new hospital’s base-isolated foundation, which is the first in the city, and the most earthquake-resistant design known today. The article came out days after the Napa earthquake. *(Copy Attached)*
- UCSF in the News 08-2014 – The SFGH Pediatric Asthma Clinic and the Family Health Center at SFGH were featured in an article about the use of a team-based approach to primary care. These SFGH Clinics have used this approach over a decade for their patients and their families. Doctors, nurses, mental health specialists, medical assistants, and pharmacists would huddle before seeing patients to discuss any upcoming needs or issues in context with the treatment of chronic diseases. *(Copy Attached)*
- SF Gate August 25, 2014 – SF Gate published an article entitled “Let San Francisco show how it cares”, which featured the SFGH Pediatric Clinic and the care it provides for Central American refugee children in San Francisco. *(Copy Attached)*
- 2014 Residency Program Rankings – On September 10, 2014, the physician network Doximity, along with US News and World Report, announced the results of the first comprehensive national evaluation of residency programs. UCSF emerged as one of the leaders in medical education programs with Anesthesia, Radiology, and Neurosurgery in first place, Derm, OB and Neurology in 2nd place and Internal Medicine in 3rd place. *(Copy Attached)*

ADMINISTRATION/LEADERSHIP:

Chief of Staff Goals and Expectations, 2014-2016

Dr. Marks outlined his goals and expectations as Chief of the SFGH Medical Staff 2014-2016, and discussed action plans needed to survive health care reform, tangible goals/accomplishments, and the support requested from the Medical Staff Leadership. Tangible goals/accomplishments include establishing working relationship with DPH leadership, ensure on time and on budget New Hospital with optimal workflows and patient experience, maximize probability and shorten time to implementation of Enterprise EMR, and maximize accountability of the Medical Staff. Dr. Marks emphasized that the support and engagement of the medical staff will be a critical factor in the hospital's ability to succeed and be the hospital of choice in San Francisco. Dr. Marks asked members to work with him in changing current practices and to support the following objectives:

- Make patient care the first priority ahead of teaching and research
- Complete the transition from a resident run hospital to an attending run hospital
- Make decisions based on what is best for the patients and the institution, not what is best for individual Departments and Divisions
- Engage faculty in the leadership, governance, management, and participate in LEAN
- Help achieve accountability of the Medical Staff to regulatory requirements and to the Triple Aim (increase the quality of care, improve patients experience, and bend the value curve).

Members expressed their enthusiastic engagement and support to the goals and expectations set by Dr. Marks during his term as Chief of Staff.

Halogen Completion

Dr. Marks reported a 99% compliance rate for UCSF staff, with 100% compliance by the medical staff. Dr. Marks informed members that work is underway to improve the Halogen process, including the appropriate assignment of modules to staff, and availability of pre-test modules.

Temporary Privileges Pending Permanent Medical Staff Membership

Per the SFGH Bylaws, temporary privileges may be granted on a case by case basis to meet important patient care need when an applicant has submitted a complete application, which on face does not suggest any irregularities or concerns, and is awaiting the review and approval of the Credentials Committee, Medical Executive Committee and the Governing Body. Both Chief of Staff and Executive Administrator approvals are required for all temporary privileges. Under Dr. Shannon Thyne's tenure as Chief of Staff, MEC agreed to set nine criteria for applications not eligible for temporary privileges. This was in line with efforts to standardize the definition of a clean application, and to eliminate subjective decision making. However, temporary privilege for files which are not eligible as "Clean Files" continued to be granted on a case by case basis following this approval. MEC approved the Credentials Committee's recommendation to institute a strict enforcement of the set criteria for applications not eligible for temporary privileges. Furthermore, the Medical Staff Office is working on strategies and processes that will expedite the credentialing process to reduce the number of temporary privileges requests. These include the implementation of online applications, and plans to complete committee approvals (Credentials, MEC and Governing Body) within a one month period. Service Chiefs are also asked to plan ahead, and coordinate with the Medical Staff Office regarding timely completion of new applications by new hires. *(Copy of Criteria for Applications Not Eligible for Temporary Privileges is Attached)*

CLINICAL SERVICE REPORTS:

Laboratory Medicine Service – Eberhard Fiebig, MD, Chief

The report included the following:

- Scope of Services – Clinical Services provided, scope of clinical work, hospital based clinical work, ambulatory based clinical work, structure of Department and Leadership (Organizational Chart)
- Faculty and Residents – Number and organization, leadership team, education and training
- Performance Improvement and Patient Safety Initiatives – Current PIPS (Microbiology, Chem/Tox, Blood Bank, Point of Care Testing), Review of NPSG Indicators, Patient Satisfaction Data, Department's participation in PIPS activities, Department's involvement in Hospital/Med Staff Committee, OPPE process, Dissemination of Information from Med Staff/Hospital Leadership to Faculty and Staff.
- Research – Clin Lab support of UCSF/SFGH/DPH research projects, Lab Med Faculty research/creative activities
- Financial Report – expenses, charges
- Strengths/Weaknesses – Strengths include experienced, loyal staff, UCSF affiliation, and chemistry/toxicology capabilities. Weaknesses include the challenging infrastructure and resource limitations.
- Challenges – Leadership succession, pre-analytical phase of testing (specimen collection and Accessioning), point of care testing, IT management of Lab/POCT records in multiple EMRs, and modernization of the Lab (Core Lab).
- 2014-2016 Goals – Leadership Transition (Lab Manager, Sr. Supervisor, Spec Collection Management, Director, and other positions), Move of Blood Bank into the New Hospital, Implement Collection Manager System, Upgrade instrumentation and implement new Assays in Micro/Chemistry/Hematology Labs, New POCT (CoaguCheck in FHC, GMC, iStat in Rad and ED), Develop plans for Chemistry/Hematology Core Lab, and Improve Emergency Preparedness.

Dr. Fiebig announced his forthcoming retirement in June 2015, and assured members that he will work on the smooth leadership transition in Laboratory Medicine. Members applauded Dr. Fiebig for his outstanding leadership through the years, and the Laboratory Medicine's valuable services to the hospital.

Commissioner Comments/Follow-Up:

Action Taken: The following were unanimously approved by the SFGH JCC:

- Standardized procedures for clinical pharmacists
- Updated rules and regulations for laboratory medicine
- List of reference laboratories for lab tests
- List of SFGH clinical lab critical values

10) PUBLIC COMMENT

There was no general public comment.

11) **CLOSED SESSION:**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 23, 2014

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT AND SAFETY REPORT AND PEER REVIEWS

RECONVENE IN OPEN SESSION

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved the September 23, 2014 Closed Session minutes and the Performance Improvement and Patient Safety Report; and the September Credential Report. The Committee voted not to disclose other discussions held in closed session.

12) **ADJOURNMENT**

The meeting was adjourned at 4:36pm.

Edward A. Chow, M.D.
President

David B. Singer
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC.
Commissioner

David Pating, M.D.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, November 25, 2014

3:30 p.m.

1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer

COMMITTEES OF THE HEALTH COMMISSION CONSIST OF THREE MEMBERS OF THE COMMISSION. IF A QUORUM OF THE HEALTH COMMISSION IS PRESENT, IT CONSTITUTES A SPECIAL MEETING OF THE COMMISSION. IF ADDITIONAL COMMISSIONERS ATTEND THE MEETING OF A COMMITTEE CREATING A QUORUM OF THE FULL HEALTH COMMISSION, THEY MAY PARTICIPATE IN THE DISCUSSION ON AN ITEM ON THE AGENDA BUT MAY NOT VOTE WITH THE MEMBERS OF THE COMMITTEE. THE COMMITTEE'S RECOMMENDATIONS SHALL BE REPORTED TO THE FULL HEALTH COMMISSION FOR DISCUSSION AND POSSIBLE ACTION. THE HEALTH COMMISSION SECRETARY SHALL MAKE A NOTE OF THE PRESENCE OF THE ADDITIONAL COMMISSIONERS IN THE MINUTES, AND DISCUSSION SHALL BE LIMITED TO ITEMS NOTICED ON THIS AGENDA

1) CALL TO ORDER

2) FOR DISCUSSION AND
POSSIBLE ACTION:

APPROVAL OF THE MINUTES OF THE OCTOBER 28, 2014 SAN
FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE
COMMITTEE MEETING

**Minutes of the meeting of October 28, 2014*

3) FOR DISCUSSION AND
POSSIBLE ACTION:

SFGH PSYCHIATRIC INPATIENT UNIT DOCUMENTATION
PROJECT UPDATE

(Mary Thornton, Mary Thornton Associates)

4) **FOR DISCUSSION AND**

POSSIBLE ACTION:

MEDICAL STAFF REPORT

(James Marks, M.D., Chief of Staff)

THE COMMITTEE WILL HEAR A SUMMARY OF REPORTS THAT WERE PRESENTED TO THE SFGH MEDICAL EXECUTIVE COMMITTEE ON OCTOBER 16, 2014. APPROVAL REQUESTED FOR APPOINTMENT OF DR. JAY STEWART AS SERVICE CHIEF OF THE SFGH OPHTHALMOLOGY SERVICE; PRIVILEGE FORM REVISIONS FOR SURGERY; REVISION OF PROFESSIONAL LIABILITY QUESTIONS ON NEW APPLICATIONS AND REAPPOINTMENT FORMS; AND NEW OB/GYN PROTOCOL.

5) **PUBLIC COMMENT**

AT THIS TIME, MEMBERS OF THE PUBLIC MAY ADDRESS THE COMMITTEE ON ITEMS OF INTEREST TO THE PUBLIC THAT ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION THAT ARE NOT ON THIS MEETING AGENDA. WITH RESPECT TO AGENDA ITEMS, YOUR OPPORTUNITY TO ADDRESS THE COMMISSION WILL BE AFFORDED WHEN THE ITEM IS REACHED IN THE MEETING. EACH MEMBER OF THE PUBLIC MAY ADDRESS THE COMMITTEE FOR UP TO THREE MINUTES. THE BROWN ACT FORBIDS A COMMITTEE FROM TAKING ACTION OR DISCUSSING ANY ITEM NOT APPEARING ON THE POSTED AGENDA, INCLUDING THOSE ITEMS RAISED AT PUBLIC COMMENT.

6) **CLOSED SESSION**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

FOR ACTION: APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 28, 2014

FOR ACTION: CONSIDERATION OF CREDENTIALING MATTERS
(James Marks, M.D., Chief of Staff)

FOR DISCUSSION AND POSSIBLE ACTION: CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT AND SAFETY REPORT AND PEER REVIEWS
(Todd May, M.D., Chief Medical Officer)
**Minutes of the meeting of September 24, 2014*
**Minutes of the meeting of October 22, 2014*
**PIPS Addendum to MEC Report*
**EHR Risk Mitigation Analysis*

RECONVENE IN OPEN SESSION

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

Disability Access

Conference Room 7M30 is wheelchair accessible. It is located on the seventh floor of the Main Building, inside the 7M Suite. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the seventh floor and follow signage to Suite 7M. Parking is also available at 22nd Street and Potrero Avenue.

American Sign Language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines *#9 San Bruno*, *#9X San Bruno Express*, *#19 Polk* (stops 2 blocks away), *#33 Stanyan*, and *#48 Quintara-24th St.* For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force,

1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org

Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the internet, at <http://www.sfgov>

Edward A. Chow, M.D.
President

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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
SAN FRANCISCO GENERAL HOSPITAL**

Tuesday, November 25, 2014

3:30 p.m.

**1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.

Excused: Commissioner David B. Singer

Staff: Barbara Garcia, Roland Pickens, Sue Currin, Marcellina Ogbu, Kathy Murphy, Greg Wagner, Alice Chen MD, Chona Peralta, Sue Carlisle MD, James Marks MD, Terry Dentoni, Todd May MD, Jeff Critchfield MD, David Woods, Shermineh Jafarieh, Troy Williams, Ron Weigelt, Kathy Ballou, Mark Leary MD, Jim Dille MD, Maureen O'Connor, Yvonne Lowe, Maxwell Bunuan, Julie Van Nostern, Irin Blanco, Ana Sampera, William Huen MD, Basil Price, Anson Moon, Mark Morewitz, and Mary Thornton (consultant)

The meeting was called to order at 3:41pm.

**2) APPROVAL OF THE MINUTES OF THE OCTOBER 28, 2014 SAN FRANCISCO GENERAL HOSPITAL
JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the October 28, 2014 SFGH JCC meeting minutes.

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3) SFGH PSYCHIATRIC INPATIENT UNIT DOCUMENTATION PROJECT UPDATE

Roland Pickens, San Francisco Health Network Director, introduced the item. Mary Thornton, Mary Thornton Associates, gave the presentation.

Mr. Pickens stated that he and Dr. Chen, SF Health Network Chief Medical Officer, would continue to monitor the SFGH Psychiatric Inpatient Unit progress on improving documentation. Ms. Thornton will also assist and advise on monitoring on a consult basis.

Ms. Currin stated that the California Department of Health survey was conducted in October 2013; the report of the survey was sent in March 2014. Ms. Thornton was contracted in April 2014 to assist SFGH with making necessary improvements. The SFGH plan of correction was submitted in July 2014.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that it was important to correct the issues noted on three audits over a nine year period. The Health Commission wants to ensure that patients receive appropriate care and that staff document the provision of care appropriately. He noted that Ms. Thornton's presentation indicates that SFGH staff have been fully supportive and have participated in making necessary changes.

Director Garcia acknowledged the work of Dr. Jim Dille, Dr. Mark Leary, and Ana Sampera and her team in the effort to change multiple systems that impact quality of care and financial reimbursement.

Dr. Dille stated that the SFGH Department of Psychiatry had its own utilization management process system until this was centralized as part of the improvement process last spring. He added that the changes pose paradigm shifts that which take some time to fully integrate.

Sue Currin thanked Ms. Thornton for helping SFGH get on the correct path. She added that the centralizing of SFGH utilization review will contribute to ensuring patients receive appropriate and effective care including a robust discharge plan.

Dr. Marks thanked Ms. Thornton and the SFGH psychiatry staff for the needed improvements. He encouraged development of outcomes to assist in measuring progress.

Commissioner Chow stated that he hopes to see more acute days documented properly. SFGH may have had patients with the appropriate acuity before but now there will be appropriate documentation to receive reimbursement.

Commissioner Chow requested that a report card of related measures for this initiative be developed.

Commissioner Chow asked for clarification on whether InterQual are accepted standards. Ms. Thornton stated that the InterQual process builds a case for medical necessity which will hopefully strengthen the SFGH position with the State on any particular case. Ms. Currin added that InterQual is a validated tool.

Dr. Carlisle asked if SFGH knows when the next survey of these services will occur. Ms. Peralta stated that the survey takes place every three years; 2016 is the next survey.

Commissioner Sanchez acknowledged that major cultural change has been needed to make these improvements. He looks forward to future reports showing progress made.

4) MEDICAL STAFF REPORT

James Marks, M.D., Chief of Staff, gave the report.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if the current SFGH plan regarding Ebola patients is to identify them at SFGH or primary health clinics and then send them to UCSF for treatment. Dr. May confirmed that UCSF Mt. Zion is receiving patients with confirmed Ebola and that SFGH will do screenings as necessary. Dr. Carlisle noted that Mt. Zion has capacity for treating 2 Ebola patients at one time.

Action Taken: The following were unanimously approved by the SFGH JCC:

- Jay Stewart MD appointment as Service Chief of the SFGH Ophthalmology Service
- Surgery Privilege Form revision
- Revision of profession liability questions on new applications and reappointment forms
- New OB/GYN protocol

5) PUBLIC COMMENT

There was no public comment.

6) CLOSED SESSION

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 28, 2014

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT AND SAFETY REPORT AND PEER REVIEWS

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)*

Action Taken: The Committee approved the October 28, 2014 Closed Session minutes; the November Credentialing Report; and the Performance Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

7) ADJOURNMENT

The meeting was adjourned at 5:46pm.

